2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

Due by may 1, 2000						_			
DOCUMENT # A0500001874 1. Entity Name SEMINOLE WAREHOUSE PARTNERS II, LTD.						, r	odimy – j Allahass	ATT S: 61	
Principal Place of Business 4051 WEST STATE ROAD 46 SANFORD, FL 32771			Mailing Address 4051 WEST STATE ROAD 46 SANFORD, FL 32771						
2. Principal Place of Business			3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01312006	Chg-LP	CR2E003 (11/05)	
City & State			City & State			4. FEI Number	20-359	9693 Applied For Not Applical	
Zip	Zip Country		Zip	Country		5. Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name	and Address of Curre	ent Registered Agent		7. Name and Address of New Registered Agent				
CARDAMONE, RICHARD 4051 WEST STATE ROAD 46 SANFORD, FL 32771					Name Street Address	Street Address (P.O. Box Number is Not Acceptable)			
					City			Zip Code	
The above named entity submits this statement for the purpose of changing its retitle obligations of registered agent.					<u> </u>	red agent, or both,	in the State of Flo	<u> FL</u>	
SIGNATURE Squature, typed or printed name of registered agent and title if applicable.									
FILE NOW!!! FEE IS \$500.00									
After May 1, 2006, Fee will be \$900.00 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.									
12. GENERAL PARTNER INFORMATION 13.							ADDRESS CHANGES ONLY		
DOCUMENT #	P0500012	9133		STR	EET ADORESS				
NAME STREET ADDRESS CITY-ST-ZIP	100111001				-ST-ZIP				
DOCUMENT#	0/41/0/14	2,12 02//1	·	STR	EET ADDRESS	····-			
NAME STREET ADDRESS CITY-ST-ZIP				CITY	'-ST-ZIP	70 05/16/	100746 10601016	559207 018 **500.00	
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STREET ADDRESS CITY ST-ZIP	_			CITY	-ST-ZIP				
DOCUMENT#				STRI	EET ADDRESS				
STR-ET ADDRESS CITY-ST-ZIP			····	L	-ST-ZIP				
14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes									
SIGNAT	URF.	Diemo:	i	ichum E. (CARDAMONE	(-11-06	407-302-407		
J.J.171	J.\L		OR PRINTED NAME OF SIGNING GEN	ERAL PARTN	ER	, //	Date	Daytime Phone #	