

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 6, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 JUL 21 AM 11:48

DOCUMENT # A05000002254	
1. Entity Name ISLAND HORIZONS HOUSING II LIMITED PARTNERSHIP	



Principal Place of Business 2335 NORTH BANK DRIVE COLUMBUS, OH 43220	Mailing Address 2335 NORTH BANK DRIVE COLUMBUS, OH 43220
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2. Principal Place of Business 2335 North Bank Dr.	3. Mailing Address 2335 North Bank Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Columbus, OH	City & State Columbus, OH
Zip 43220	Zip 43220
Country USA	Country USA



07062006 Chg-LP CR2E003 (11/05)

4. FEI Number 20-4006942	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable.	DATE _____
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**FILE NOW!!! FEE IS \$500.00**  
**Due by September 6, 2006**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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 #	ISLAND HORIZONS HOUSING II, INC.	STREET ADDRESS	
NAME	2335 NORTH BANK DRIVE	CITY-ST-ZIP	900078285609
STREET ADDRESS	COLUMBUS, OH 43220		08/02/06 01065 016 **500.00
CITY-ST-ZIP		STREET ADDRESS	
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CITY-ST-ZIP			

STAPLE CHECK HERE

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

SIGNATURE: Joseph R. Kasberg 7/11/06 614-451-2151  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #