FILED
Apr 17, 2007 08:00 AM
Secretary of State

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A05898

1. Entity Name
VILLAGE GREEN APARTMENTS, LTD., NO.II

Principal Place of Business	Mailing Address
RR 1, BOX 680 FAIRFAX, VT 05454	C/O ELIZABETH STRZELECKI P.O. BOX 8347 LAKESHORE, FL 33854-8347

DO NOT WRITE IN THIS SPACE

01042007 No Chg-LP CR2E003 (12/06)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ELIZABETH STRZELECKI
VILLAGE GREEN APARTMENTS
CLUB CIRCLE
LAKESHORE, FL 33854

DO NOT WRITE IN THIS SPACE

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: Elizabeth Strzelecki Elizabeth Strzelecki 4/6/07
Signature, type or print name of registered agent and title if applicable. Date

FILE NOW!! FEE IS $500.00
After May 1, 2007, 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

DOCUMENT #	A02476
NAME	LAKEHAVEN APT ASSOCIATES
STREET ADDRESS	RR1 BOX 680
CITY-ST-ZIP	FAIRFAX, VT
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000712987
04/26/07-80065-049 8.75

U00000712987
04/26/07-80065-050 500.00

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this report 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: X _____ 4/9/07 305-538-4314
SIGNATURE AND TYPED OR PRINTED NAME OF ACTIVE GENERAL PARTNER Date Daytime Phone #