FROM : CKG PARTNERS, LTD FAX NO. : 5619952152 May 15 2008 09:06AM P1

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY 22 PM 3:48

# 2008 LIMITED PARTNERSHIP ANNUAL REPORT
## Due By September 12, 2008

DOCUMENT # A06000000406

1. Entity Name
CKG II PARTNERS, LTD

| Principal Place of Business | Mailing Address |
|---|---|
| 225 NE MIZNER BOULEVARD<br>SUITE 526<br>BOCA RATON, FL 33432 | 225 NE MIZNER BOULEVARD<br>SUITE 526<br>BOCA RATON, FL 33432 |

05152008 Chg-LP CR2E003 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 20283 State Road 7 | 20283 State Road 7 |
| Suite, Apt. #, etc.<br>Suite #10 | Suite, Apt. #, etc.<br>Suite #10 |
| City & State<br>Boca Raton, FL. | City & State<br>Boca Raton FL. |
| Zip 33498 Country USA | Zip 33498 Country USA |

4. FEI Number 20-4956464 ☐ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

GINSBURG CAPITAL MANAGEMENT CORP.
~~225 NE MIZNER BOULEVARD~~ 20283 State Road 7
~~SUITE 526~~ Suite #10
~~BOCA RATON, FL 33431~~ Boca Raton, FL 33498

**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 _____ DATE
Signature, typed or printed name of registered agent and date if applicable.

**FILE NOW!!! FEE IS $500.00**
**Due by September 12, 2008**

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 # | P98000008314 | STREET ADDRESS | 20283 STATE Road 7-Suite #10 |
| NAME | GINSBURG CAPITAL MANAGEMENT CORP. | CITY-ST-ZIP | Boca Raton, Fla. 33498 |
| STREET ADDRESS | ~~225 NE MIZNER BOULEVARD, SUITE 526~~ | | |
| CITY-ST-ZIP | ~~BOCA RATON, FL 33432~~ | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | 900012980825?9 |
| NAME | | CITY-ST-ZIP | 05/19/08--01033--026 **500.00 |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
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| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| 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:** Kenneth Ginsburg (Kenneth Ginsburg) 5/15/08 561-620-3244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #