

**2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY -1 PM 2:46

DOCUMENT # A06000001331



1. Entity Name
BAYBROOK II ACQUISITION, LTD.

Principal Place of Business Mailing Address
% WHITE & CASE LLP % NEWPORT PROPERTY VENTURES LTD.
200 S. BISCAYNE BLVD., STE 4900 3211 PONCE DE LEON BLVD., STE. 202
MIAMI, FL 33131 CORAL GABLES, FL 33134



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
C/O Newport Property Ventures
Suite, Apt. #, etc. Suite, Apt. #, etc.
3211 Ponce De Leon Blvd, # 202

02192008 Chg-LP CR2E003 (12/06)

City & State City & State
Coral Gables, FL

4. FEI Number Applied For
23-3941208 Not Applicable

Zip Country Zip Country
33134 USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LEVENSON, FREDERIC
% WHITE & CASE LLP
200 S. BISCAYNE BLVD., STE 4900
MIAMI, FL 33131

7. Name and Address of New Registered Agent
Name Martini, Gregory T.
Street Address (P.O. Box Number is Not Acceptable)
2655 LeJeune Road Suite 1101
City Coral Gables, FL Zip Code 33134

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]* DATE 2/20/2008

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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 #	L06000110289	STREET ADDRESS	800127241368
NAME	BAYBROOK, LLC	CITY-ST-ZIP	04/30/08--01010--020 **500.00
STREET ADDRESS	3211 PONCE DE LEON BLVD., STE. 202		
CITY-ST-ZIP	CORAL GABLES, FL 33134		
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CITY-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

SIGNATURE: *[Signature]* Constantine J scurtis 2/19/08 (305) 446-0010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

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