## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

	DOCUMENT # A0600001407,  1. Entity Name LAKE SHORE PLAZA II, LTD  Principal Place of Business 300 S.E. 2ND STREET FORT LAUDERDALE, FL 33301  2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  City & State  City & State				ET FL 3330		2007 APR 30 AM 9: 23  SECRETARY OF STATE TALLAHASSEE, FLORIDA  01172007 Chg-LP CR2E003 (12/06)				
	City & State						4. FEI Number 20-5	980132		Applied For Not Applicable	
	Zip	Country		Zip Coun		ntry	5. Certificate of	of Status Desired	□ \$8.7 Fee F	5 Additional Required	
F	6. Name and Address of Current F			Registered Agent	egistered Agent Name			Address of New A	egistered Agent	-	
	JONES, PATRICIA A C/O STILES CORPORATION 300 S.E. 2ND STREET, 8TH FLOOR FORT LAUDERDALE, FL 33309					Street Address (P.O. Box Number is Not Acceptable)					
L							<del></del>		<u> </u>		
	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. If am familiar with, and a the obligations of registered agent.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable.  DATE									ar with, and accept	
-	FILE NOWILL FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00  A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGIST. NOTE: General Partners MAY NOT be changed on the form; an amendment									- (1)	
-	12. GENERAL PARTNER INFORMATION				13.			ADDRESS CHA			
	DOCUMENT #	L06000115398 LAKE SHORE PLAZA II, LLC			STR	ET ADDRESS				_	
	STREET ADDRESS CITY-ST-ZIP	300 S.E. 2ND ST FORT LAUDERD	REET		CITY	- ST - ZIP	05/15.	/070100S	023 **	500.00	
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	STREET ADDRESS CITY-ST-ZIP				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:  Terry W. Stiles 4/10/07 954-627-9300  Date Date Propage										