



**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**

<b>DOCUMENT # A06000001438</b> 1. Entity Name <b>GALUTEN FAMILY PARTNERSHIP II, LTD.</b>	
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Principal Place of Business <b>2030 SOUTH OCEAN DRIVE, NO. 414 HALLANDALE BEACH FL 33009</b>	Mailing Address <b>2030 SOUTH OCEAN DRIVE, NO. 414 HALLANDALE BEACH FL 33009</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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**FILED**  
**2007 MAY 10 PM 11:38**  
**SECRETARY OF STATE**  
  
1st MOORE CR2E003 (10/06)  
4. FEI Number ☒ Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent <b>GALUTEN, HORTENSE 2030 SOUTH OCEAN DRIVE, NO. 414 HALLANDALE BEACH FL 33009</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 title if applicable.

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2007, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 #	NAME	STREET ADDRESS	
NAME	GALUTEN, HORTENSE	CITY - ST - ZIP	
STREET ADDRESS	2030 SOUTH OCEAN DRIVE, NO. 414		
CITY - ST - ZIP	HALLANDALE BEACH FL 33009		
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STREET ADDRESS			
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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
4/22/07-958-454-2081  
Date Daytime Phone #

STAPLE CHECK HERE