

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 12, 2008

DOCUMENT # A06000001438

1. Entity Name
GALUTEN FAMILY PARTNERSHIP II, LTD.



Principal Place of Business
2030 SOUTH OCEAN DRIVE, NO. 414
HALLANDALE BEACH, FL 33009

Mailing Address
2030 SOUTH OCEAN DRIVE, NO. 414
HALLANDALE BEACH, FL 33009

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08262008 Chg-LP CR2E003 (12/06)

4. FEI Number
APPLIED FOR 16-1779869

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

GALUTEN, HORTENSE
2030 SOUTH OCEAN DRIVE, NO. 414
HALLANDALE BEACH, FL 33009

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FILE NOW!!! FEE IS \$900.00
On or after September 12, 2008, Fee will be \$1000.00

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 #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
GALUTEN, HORTENSE
2030 SOUTH OCEAN DRIVE, NO. 414
HALLANDALE BEACH, FL 33009

STREET ADDRESS
 CITY-ST-ZIP
400135594444
09/09/08--01012--021 **900.00

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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

HORTENSE GALUTEN

Date

Daytime Phone #

8/17/08 954-454-1081

STAPLE CHECK HERE

FILED
08 SEP -5 PM 2:07
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

