

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

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 APR 11 PM 1:58

**DOCUMENT # A07000000238**

1. Entity Name  
**THE BROCK LAND AND DEVELOPMENT FUND II,  
 LIMITED PARTNERSHIP**



Principal Place of Business  
**1551 FORUM PLACE, STE 100  
 WEST PALM BEACH, FL 33401**

Mailing Address  
**1551 FORUM PLACE, STE 100  
 WEST PALM BEACH, FL 33401**

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

**4650 Donald Ross Rd**

3. Mailing Address

**4650 Donald Ross Rd**

Suite, Apt. #, etc.

**Suite 200**

Suite, Apt. #, etc.

**Suite 200**

02282008

Chg-LP

CR2E003 (12/06)

City & State

**Palm Beach Gardens, FL**

City & State

**Palm Beach Gardens, FL**

4. FEI Number

**20-8362884**

Applied For

Not Applicable

Zip

**33418**

Country

**USA**

Zip

**33418**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**BROCK, PETER  
 1551 FORUM PLACE, STE 100  
 WEST PALM BEACH, FL 33401**

7. Name and Address of New Registered Agent

Name

**Brock, Peter**

Street Address (P.O. Box Number is Not Acceptable)

**4650 Donald Ross Rd.**

**Suite 200**

City

**Palm Beach Gardens**

**FL**

Zip Code

**33418**

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

**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

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**BROCK FUND NO. 2, LLC  
 1551 FORUM PLACE, STE 100  
 WEST PALM BEACH, FL 33401**

13. ADDRESS CHANGES ONLY

STREET ADDRESS  
 CITY-ST-ZIP  
**4650 Donald Ross Rd. Suite 200  
 Palm Beach Gardens, FL 33418**

DOCUMENT #  
 NAME  
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 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
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 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

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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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE