

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -6 AM 8:54

DOCUMENT # A07000000828

1. Entity Name
LAKECO PARTNERS II, LTD.



Principal Place of Business 1000 NORTH ORLANDO AVE SUITE D WINTER PARK, FL 32789 US	Mailing Address 1000 NORTH ORLANDO AVE SUITE D WINTER PARK, FL 32789 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01082008 Chg-LP CR2E003 (12/06)

City & State	City & State
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4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CALLAHAN, W. SCOTT
 37 NORTH ORANGE AVENUE
 SUITE 200
 ORLANDO, FL 32801**

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 \$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 #	L07000066488	STREET ADDRESS	
NAME	STRONG LAKE II, LLC	CITY - ST - ZIP	
STREET ADDRESS	1000 NORTH ORLANDO AVENUE, SUITE D		
CITY - ST - ZIP	WINTER PARK, FL 32789		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
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STAPLE CHECK HERE

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

Strong Lake II, LLC - General Partner
DAVID C STRONG

4/15/08
Date

407629-1800
Daytime Phone #