


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY -1 AM 8:23

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|---|---|-----|---|---|--|
| DOCUMENT # A07000000862 | | | |  | |
| 1. Entity Name BS BANYAN II INVESTMENTS, LLLP | | | | | |
| Principal Place of Business 200 SOUTH BISCAYNE BLVD., SUITE 2500 MIAMI, FL 33131-5340 | | | Mailing Address 200 SOUTH BISCAYNE BLVD., SUITE 2500 MIAMI, FL 33131-5340 | | |
| 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 | 4. FEI Number 04222008 Chg-LP CR2E003 (12/06) | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> | |
| 6. Name and Address of Current Registered Agent SHINDELL, JAMES W 200 SOUTH BISCAYNE BLVD., SUITE 2500 MIAMI, FL 33131-5340 | | | | 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent, and title if applicable</small> | | | | | |
| 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 # | NAME | | STREET ADDRESS | | |
| STREET ADDRESS | SHINDELL, JAMES W | | CITY- ST- ZIP | | |
| CITY- ST- ZIP | 200 SOUTH BISCAYNE BLVD., SUITE 2500 MIAMI, FL 331315340 | | | | |
| DOCUMENT # | NAME | | STREET ADDRESS | | |
| STREET ADDRESS | | | CITY- ST- ZIP | | |
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| 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: _____ | | | James W. Shindell is general partner 4/23/08 (305) 575-6141 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | | | | | |



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