


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 14 AM 11:45

DOCUMENT # A07000000911		
1. Entity Name WEST VOLUSIA TOWNE CENTRE II, LLLP		

Principal Place of Business 605 E ROBINSON STE 500 ORLANDO, FL 32801	Mailing Address 605 E ROBINSON STE 500 ORLANDO, FL 32801
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2. Principal Place of Business - No P.O. Box # 605 E. Robinson St. Suite, Apt. #, etc. Suite 500 City & State Orlando, Florida Zip 32801 Country US	3. Mailing Address 605 E. Robinson St. Suite, Apt. #, etc. Suite 500 City & State Orlando Florida Zip 32801 Country US
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03312008 Chg-LP CR2E003 (12/06)

4. FEI Number 26-0642372	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BROCK, M. W. JEFFREY 605 E ROBINSON STE 500 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
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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 \$500.00
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 CITY - ST - ZIP	P04000128846 FLORIDA CENTRES, INC. 605 E ROBINSON - STE 500 ORLANDO, FL 32801	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

M.W. Jeffrey Brock

3-31-08

Date

407-843-7070

Daytime Phone #

STAPLE CHECK HERE