

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 17 AM 8:36

DOCUMENT # A07000001181

1. Entity Name
 CORR FAMILY LIMITED PARTNERSHIP II



Principal Place of Business
 1952 SOUTHEAST CLATTER BRIDGE ROAD
 OCALA, FL 34471

Mailing Address
 1952 SOUTHEAST CLATTER BRIDGE ROAD
 OCALA, FL 34471

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

City & State
 Zip Country

03252008 Chg-LP CR2E003 (12/06)

4. FEI Number
☒ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GLASSER, GENE K
 C/O GREENSPOON MARDER, P.A.
 100 WEST CYPRESS CREEK ROAD
 FORT LAUDERDALE, FL 33309

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 _____
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

DOCUMENT #	BRENNAN, JEAN A
NAME	2801 SOUTHEAST 29TH STREET
STREET ADDRESS	OCALA, FL 34471
CITY-ST-ZIP	
DOCUMENT #	RUSSO, COLLEEN M TRUSTEE
NAME	877 EXECUTIVE CENTER DRIVE WEST, STE 112
STREET ADDRESS	ST. PETERSBURG, FL 337022470
CITY-ST-ZIP	
DOCUMENT #	CORR, KEVIN J
NAME	3 OCEAN WEST BLVD., APT. 1C-5
STREET ADDRESS	DAYTONA BEACH, FL 32118
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
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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: Jean A Brennan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04/11/08
 Date

Daytime Phone #

STAPLE CHECK HERE