

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Jan 18, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A07895**

1. Entity Name  
PEPPER TREE APARTMENTS, LTD. II



Principal Place of Business  
300 WEST DIXIE AVENUE  
LEESBURG, FL 34748

Mailing Address  
300 WEST DIXIE AVENUE  
LEESBURG, FL 34748



01112006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1934505

Applied For  
(Not Applicable)

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

HABER, FLORA JO  
300 WEST DIXIE AVENUE  
LEESBURG, FL 34748

**DO NOT WRITE  
IN THIS SPACE**

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, 2006, 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

HABER, FLORA JO  
300 WEST DIXIE AVE.  
LEESBURG, FL

DOCUMENT #

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NAME

STREET ADDRESS

CITY-ST-ZIP

1000001-80011-005 508.75  
01/23/06-80011-005 508.75

**DO NOT WRITE  
IN THIS SPACE**

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:

*Flora Jo Haber*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-11-06

Date

(352) 787-6200  
Daytime Phone

FLORA JO HABER

STAPLE CHECK HERE