## 2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

## FILED Feb 28, 2008 08:00 AM Secretary of State

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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



02252008 No Chg-LP

CR2E003 (12/06)

4. FEI Number
59-1934505

S. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

## DO NOT WRITE IN THIS SPACE

		IN THIS SPACE			
8. The above the obligat	named entity submits this statement for the purpose of changing its regions of registered agent.	gistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept			
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 \$900.0	508,75			
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 / NAME STREET ADDRESS CITY-ST-ZIP		U00000843351 03/11/08-80066-909 508.75			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	`	DO NOT WRITE			
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE			
OOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP					
DOCUMENT # NAME STREET ADDRESS		·			

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 affect 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:

CITY-ST-ZIP

STAPLE CHECK HERE

Flore So Haber D. P.
SIGNATURE AND DIPED OR PRINTED NAME OF BIONING GENERAL PARTNER

2-25-08

(352) 787-6700

Daytime Phone