

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A07947

1. Entity Name
WINEWOOD APARTMENTS II, LTD.



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
06 MAR 10 AM 10:51

Principal Place of Business
880 JOHN ANDERSON DRIVE
ORMOND BEACH, FL 32176

Mailing Address
880 JOHN ANDERSON DRIVE
ORMOND BEACH, FL 32176

2. Principal Place of Business
1901 MASON AVENUE

3. Mailing Address
1901 MASON AVENUE

Suite, Apt. #, etc.
SUITE 107

Suite, Apt. #, etc.
SUITE 107

City & State
DAYTONA BEACH, FL

City & State
DAYTONA BEACH, FL

Zip
32117

Country
USA

Zip
32117

Country
USA

02272006 Chg-LP CR2E003 (11/05)

4. FEI Number
59-1971193

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

GILLESPIE, THURMAN JR., MD
880 JOHN ANDERSON DRIVE
ORMOND BEACH, FL 32176

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 _____
 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 # **S23193**
 NAME **WINEWOOD II, INC.**
 STREET ADDRESS **880 JOHN ANDERSON DRIVE**
 CITY-ST-ZIP **ORMOND BEACH, FL 32176**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS **c/o 1901 MASON Ave Suite 107**
 CITY-ST-ZIP **Daytona Beach FL 32117**

STREET ADDRESS
 CITY-ST-ZIP
200068094558
03/20/06--01016--010 **500.00

STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
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STREET ADDRESS
 CITY-ST-ZIP

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: *

2-27-06