

# **2010 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A09000000696

**FILED**  
**Feb 24, 2010**  
**Secretary of State**

**Entity Name:** THE JAMES D. OLSON FAMILY PARTNERSHIP II, LTD.

**Current Principal Place of Business:**

7703 WEEPING WILLOW CIRCLE  
SARASOTA, FL 34241

**New Principal Place of Business:**

**Current Mailing Address:**

7703 WEEPING WILLOW CIRCLE  
SARASOTA, FL 34241

**New Mailing Address:**

**FEI Number:** 27-1028923

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OLSON, JAMES D  
7703 WEEPING WILLOW CIRCLE  
SARASOTA, FL 34241 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: OLSON, JAMES D

Address: 7703 WEEPING WILLOW CIRCLE

City-St-Zip: SARASOTA, FL 34241

**ADDRESS CHANGES ONLY:**

Address:

City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES D OLSON

PART

02/24/2010

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date