

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

SEC. OF STATE
 DIVISION OF CORPORATIONS
 06 FEB 20 AM 8:49

| | | | |
|---|-------------------------|--|--|
| DOCUMENT # A09599 1. Entity Name SUMMIT PLAZA II, LTD. | |  | |
| Principal Place of Business P.O. BOX 2809 215 NORTH EOLA DRIVE ORLANDO, FL 32802 | | Mailing Address P.O. BOX 2809 215 NORTH EOLA DRIVE ORLANDO, FL 32802 | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address 1033 STATE ROAD 436 *B Suite, Apt. #, etc. #121 | |
| City & State | | City & State CASSELBERRY FL | |
| Zip 32707 | Country SEMINOLE | 4. FEI Number 59-2085464 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent LOWNDES, JOHN F. 215 N. EOLA DR. ORLANDO, FL 32804 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | |
| 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 | | 13. ADDRESS CHANGES ONLY | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| NAME | MANDELL, LESTER N. | CITY-ST-ZIP | |
| STREET ADDRESS | 1105 KENSINGTON PARK DR | | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS, FL | | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| NAME | | 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:  | | Date: 1/31/06 407-331-8290 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER LESTER N. MANDELL | | Daytime Phone # | |

STAPLE CHECK HERE