

# **2012 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A11000000879

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** VILLAGES AT HALIFAX II, LP

**Current Principal Place of Business:**

247 N. WESTMONTE DRIVE  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

247 N. WESTMONTE DRIVE  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

**FEI Number:** 45-3932020

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

B&C CORPORATE SERVICES OF CENTRAL FLORIDA  
390 NORTH ORANGE AVENUE  
SUITE 1400  
ORLANDO, FL 32801 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 #:** L11000131326  
**Name:** VILLAGES AT HALIFAX PARTNERS II, LLC  
**Address:** 211 N. RIDGEWOOD AVENUE, SUITE 300  
**City-St-Zip:** DAYTONA BEACH, FL 32114

**ADDRESS CHANGES ONLY:**

**Address:**  
**City-St-Zip:**

**Document #:** L11000134392  
**Name:** PAD VILLAGES AT HALIFAX II GP, LLC  
**Address:** 247 N. WESTMONTE DRIVE  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32714

**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:** PAD VILLAGES AR HALIFAX II GP, LLC

GP

04/30/2012

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

\_\_\_\_\_  
Date