2006 LIMITED PARTNERSHIP ANNUAL REPORT

FILED

Due By May 1, 2006				Apr 24, 2006 08:00		
,	MENT # A14239	eriya ile eli alifereli digeli. Tarih			Secre	etary of State
1. Entity Nam A-II INVE	STORS, LTD.					
Principal Plac	e of Business	Mailing Address				:
1834 PARK P.O. BOX 21		524 Balmora dr. Saint Augustine, Fl. 32092	2725			
	3 RK, FL 32067-0215	Shirt hoodstire, i.e. deade	-C1		railE brawn Hirm 1915 want Sta	est withour markle membel memorials me dallas
	O NOT WOITE	IN THE COA	CE.	04172006 No C	hg-LP CR	2E003 (11/05)
L	O NOT WRITE	IN THIS SPA	CE	4. FEI Number 59-203645	6.	Applied For Not Applicable
				5. Certificate of Sta	atus Desired 🔲	\$8.75 Additional Fee Required
	6. Name and Address of Current R	egistered Agent				
ADAMS, HELEN B 524 BALMORA DR.			DO NOT WRITE IN THIS SPACE			
SAINT AUGUSTINE, FL 32092-2725						
8. The above the obliga	named entity submits this statement for tions of registered agent.	the purpose of changing its registe	ared office or registe	red agent, or both, in	the State of Florida. I	am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent an	od title if applicable	· ·			<u> </u>
	FILE NOW	!!! FEE IS \$500.00 !06, Fee will be \$900.00				
	A GENERAL PARTNER TH NOTE: General Partners MAY	AT IS A BUSINESS ENTITY I	MUST BE REGIS	TERED AND ACTI	VE WITH THIS OF	FICE.
12,	GENERAL PARTNER		m; an amenumer	it must be med to	change a general	parmer.
DOCUMENT #	G93077900001					
NAME	HELEN B. ADAMS LIVING TRUST					
STREET ADDRESS CITY-ST-ZIP	524 BALMORA DR. SAINT AUGUSTINE, FL 3209227	25			U0000053	31792
DOCUMENT #	CAME ACCOUNTAGE OF OFFI				05/06/06-86	0058-008 500.00
NAME		1				
STREET ADDRESS CITY-ST-ZIP		į				
DOCUMENT#						
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DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this filling does not qualify for the exemptions confained 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 it made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered be execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

DOCUMENT #

City-ST-Zip DOCUMENT # NAME STREET AODRESS CITY-ST-ZIP DOCUMENT# NAME STREET ADDRESS CITY-ST-ZIP

STAPLE CHECK HERE

STREET ADDRESS

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTNER