

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 09, 2008 08:00 A
Secretary of State

DOCUMENT # A14239

1. Entity Name
A-II INVESTORS, LTD.



Principal Place of Business

1834 PARK AVENUE
P.O. BOX 215
ORANGE PARK, FL 32067-0215

Mailing Address

524 BALMORA DR.
SAINT AUGUSTINE, FL 32092-2725



04062008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2036456

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ADAMS, HELEN B
524 BALMORA DR.
SAINT AUGUSTINE, FL 32092-2725

**DO NOT WRITE
IN THIS SPACE**

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, 2008, 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 # G93077900001
NAME HELEN B. ADAMS LIVING TRUST
STREET ADDRESS 524 BALMORA DR.
CITY-ST-ZIP SAINT AUGUSTINE, FL 320922725

DOCUMENT #
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STREET ADDRESS
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000000889375
04/22/08-80053-001 500.00

**DO NOT WRITE
IN THIS SPACE**

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:

Helen B. Adams

04/06/2008

(904) 940-7987

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #