
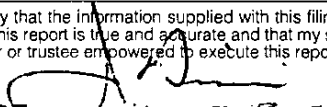


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 30 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A14957 1. Entity Name CAMBRIDGE SQUARE OF LAUDERDALE LAKES ASSOCIATES II, A LIMITED PARTNERSHIP					
Principal Place of Business 8425 WOODFIELD CROSSING SUITE 300W INDIANAPOLIS, IN 46240			Mailing Address PO BOX 40177 INDIANAPOLIS, IN 46240		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 35-1571259	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KARNS, LARRY A 7332 NW FIFTH ST PLANTATION, FL 33317			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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, 2007, Fee will be \$900.00				<div style="font-size: 2em; font-family: cursive;">500.00</div>	
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 CITY - ST - ZIP	SMITH, ANITA S 8425 WOODFIELD CROSSING BLVD. SUITE 300W INDIANAPOLIS, IN 46240		STREET ADDRESS CITY - ST - ZIP	<div style="font-size: 1.5em; font-family: cursive;">7521 Dean Rd</div>	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	BISESI, JAMES T 8617 SEAWARD LANE INDIANAPOLIS, IN 46256		STREET ADDRESS CITY - ST - ZIP	<div style="font-size: 1.2em; font-family: cursive;">000102536800</div> <div style="font-size: 0.8em;">05/15/07--01047--022 **500.00</div>	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP			STREET ADDRESS CITY - ST - ZIP		
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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: 			<div style="display: flex; justify-content: space-between;"> 4/20/07 469-0400 </div>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE