


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2006**

**FILED**  
**Mar 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A20524</b> ✓	
1. Entity Name <b>SCHRIMSHER I AND FUND 1986-II, LTD.</b> ✓	

Principal Place of Business <b>600 E. COLONIAL DRIVE</b> ✓ <b>SUITE 100</b> <b>ORLANDO FL 32803</b>	Mailing Address <b>600 E. COLONIAL DRIVE</b> ✓ <b>SUITE 100</b> <b>ORLANDO FL 32803</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/05)

4. FEI Number **59-2560373** ✓ Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SCHRIMSHER, FRANK L.** ✓  
**600 EAST COLONIAL DRIVE, SUITE 100**  
**ORLANDO FL 32803**

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.

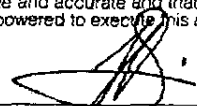
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature of registered agent or printed name of registered agent and title if applicable.

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2006, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**1. GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NO 1E: 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 #	<b>P980001 05938</b>	STREET ADDRESS	
NAME	<b>SCHRIMSHER, INC.</b> ✓	CITY-ST-ZIP	
STREET ADDRESS	<b>600 E. COLONIAL DR. #100</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32803</b>	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:**  **Frank L. Schrimsher** 118106 407-423-7600

STAPLE CHECK HERE