

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**

**06 MAY -1 AM 8:36**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

**DOCUMENT # A21827**

1. Entity Name  
CRYSTAL COURT APARTMENTS II, LTD.



Principal Place of Business  
5312 SPRING HILL DRIVE  
SPRING HILL, FL 34606 US

Mailing Address  
5312 SPRING HILL DRIVE  
SPRING HILL, FL 34606 US

2. Principal Place of Business

109 W. Commercial St.  
Suite, Apt. #, etc.

3. Mailing Address

109 W. Commercial St.  
Suite, Apt. #, etc.



04252006 Chg-LP CR2E003 (11/05)

City & State  
Sanford FL

City & State  
Sanford FL

4. FEI Number  
59-2690359

Applied For  
Not Applicable

Zip  
32771

Country  
Seminole

Zip  
32771

Country  
Seminole

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

6. Name and Address of Current Registered Agent

REGISTERED CORPORATE AGENTS, INC.  
612 S. MLK JR. AVE.  
CLEARWATER, FL 33756

7. Name and Address of New Registered Agent

Name  
Baccap Reality Services Group Inc  
Street Address (P.O. Box Number is Not Acceptable)  
109 W. Commercial Street  
City  
Sanford FL Zip Code  
32771

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 J. Stephen Miller V.P.  
Signature, typed or printed name of registered agent and title if applicable.

4-25-06  
DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, 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 # P97000040147  
NAME BARON CAPITAL LIX, INC.  
STREET ADDRESS 15855 FARMINGTON ROAD  
CITY-ST-ZIP LIVONIA, MI 78154

13. ADDRESS CHANGES ONLY

STREET ADDRESS 109 W. Commercial St.  
CITY-ST-ZIP Sanford, FL 32771

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
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: J. Stephen Miller  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-25-06  
Date

407 688 7362  
Daytime Phone #

STAPLE CHECK HERE