2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

STAPLE CHECK HERE

FILED May 01, 2006 08:00 AM Secretary of State

| 1. Entity Nar | MENT # A23161 POINT SQUARE II, LTD. | | Secretary of State |
|--|-------------------------------------|---------------|-------------------------------|
| Principal Place of Business Mailing Address 4110 SOUTHPOINT BLVD. 4110 SOUTHPOINT BLVD. SUITE 104 SUITE 104 JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32216 | | | |
| DO NOT WRITE IN THIS SPACE | | | 03312006 No Chg-LP |
| 6. Name and Address of Current Registered Agent | | } | |
| BIRCH, ROBERTA C. 4110 SOUTHPOINT BLVD. SUITE 104 JACKSONVILLE, FL 32216 | | | DO NOT WRITE IN THIS SPACE |
| 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 liftle if applicable. 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 # Name | BIRCH, ROBERTA C. | | |
| STREET ADDRESS | 4110 SOUTHPOINT BLVD. | | 1100000554961 |
| DOCUMENT # | JACKSONVILLE, FL | | 05/16/06-80013-608 500, M |
| NAVAE SURLET ALVUMESS CITY-ST-ZIP | | | |
| DOCUMENT # NAME | | | |
| STREET ADDRESS City-S1-ZIP | | | DO NOT WRITE |
| Document & MAME STREET ADDRESS CUTY-ST-CIP | | IN THIS SPACE | |
| DOCUMENT / NAME STREET ADDRESS CITY - ST - ZIP | | | |
| DOCUMENT & NAME SIRILI ADDITESS CITY-SI-2P | | | |
| 14. Theraby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER