

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

**FILED**  
**Feb 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A25665**

1. Entity Name  
**G & D EYECARE ASSOCIATES II, LTD.**



Principal Place of Business  
**12964 DALE MABRY HIGHWAY  
TAMPA, FL 33618**

Mailing Address  
**12964 DALE MABRY HIGHWAY  
TAMPA, FL 33618**



02062006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**58-1763659**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**LINSEY, DENNIS  
1717 MAGDALENE MANOR DRIVE  
TAMPA, FL, FL 33613**

**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.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

DATE  
**03/07/06-80025-016 500.00**

**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  
STREET ADDRESS  
CITY-ST-ZIP  
**LINSEY, DENNIS  
12964 N. DALE MABRY HIGHWAY  
TAMPA, FL 33618**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**LINSEY, GEORGE  
12964 N. DALE MABRY HIGHWAY  
TAMPA, FL 33618**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PIRO, STEVEN  
5100 E. HANNA  
TAMPA, FL**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**2/21/06 813 900-8896**

STAPLE CHECK HERE