


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Feb 23, 2007 08:00 A
Secretary of State

DOCUMENT # A25665 1. Entity Name G & D EYECARE ASSOCIATES II, LTD.	
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Principal Place of Business 12964 DALE MABRY HIGHWAY TAMPA, FL 33618	Mailing Address 12964 DALE MABRY HIGHWAY TAMPA, FL 33618
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01072007 Chg-LP CR2E003 (12/06)

4. FEI Number 58-1763659	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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, typed or printed name of registered agent and title if applicable.

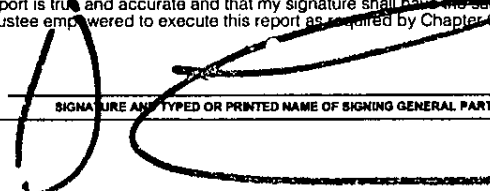
FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	LINSEY, DENNIS 12964 N. DALE MABRY HIGHWAY TAMPA, FL 33618	STREET ADDRESS CITY-ST-ZIP	000000646529 03/06/07 80036 004 500.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	LINSEY, GEORGE 12964 N. DALE MABRY HIGHWAY TAMPA, FL 33618	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	PIRO, STEVEN 5100 E. HANNA TAMPA, FL,	STREET ADDRESS CITY-ST-ZIP	
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STAPLE CHECK HERE

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:  **DATE:** 2/19/07 **DAYTIME PHONE #:** 8139608896

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER