


**2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008**

**FILED
Mar 03, 2008 08:00 A
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
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DO NOT WRITE IN THIS SPACE



01312008 No 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**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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 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	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

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03/19/08-80001-016 500.00

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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: George Linsey **DATE:** 2/27/08 **DAYTIME PHONE #:** 813960-8896

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER