2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED Apr 28, 2006 08:00 AN Secretary of State

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1. Entity Name

TRENTON APARTMENTS II, LTD



Principal Place of Business 1002 W. 23RD ST. SUITE 400 PANAMA CITY, FL 32405 Mailing Address

1002 W. 23RD ST. SUITE 400 PANAMA CITY, FL 32405



DO NOT WRITE IN THIS SPACE

01112006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 59-2863160 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent

PIPPIN, LAURETTA J 1002 W. 23RD ST. SUITE 400

SUITE 400 PANAMA CITY, FL 32401 Name

Street Address (P.O. BDODO NOTO PMRITE
IN THIS SPACE

City

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, typed or printed name of registered agent and title it applicable

05/10/06-80137-012 508.75

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.

GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY

12.	GENERAL PARTNER INFORMATION	13.
DOCUMENT # NAME	598978 ROYAL AMER, DEVELOPMENT	STREET ADDRESS
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP
DOCUMENT # NAME		STREET ADDRESS
STREET ADDRESS CHY-ST-ZIP		CITY-ST-ZIP
BOCUMENT # NAME		STREET ADDRESS
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP
DOCUMENT # NAME		STREET ADDRESS
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP
DOCUMENT # NAME		STREET ADDRESS
STREET ADDRESS CITY+ST-ZIP		CITY-\$1-ZIP
DOCUMENT # NAME		STREET ADDRESS
STREET ADDRESS CITY-ST-ZIP		CITY: \$1-2IP

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 sustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE!

STAPLE CHECK HERE

ATURE AND TYPED OR PRIVED NAME OF SIGNING GENERAL PARTNER

Lauretta J. Pippin, Secretary

4/20/06

(850) 769-8981

Date Daytime Phone #