

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

**FILED**  
**Jan 16, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # A27741**

1. Entity Name  
CITRUS RIDGE APARTMENTS PHASE II, LTD.



Principal Place of Business

C/O SOUTHWIND MANAGEMENT SERVICES, INC.  
1006 GROVE STREET  
CLEARWATER, FL 33755-8293

Mailing Address

C/O SOUTHWIND MANAGEMENT SERVICES, INC.  
P.O. BOX 10293  
CLEARWATER, FL 33757



01052008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-2916699

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BORTON, PAMELA  
C/O SOUTHWIND MANAGEMENT SERVICES, INC.  
1006 GROVE STREET  
CLEARWATER, FL 33755-8293

**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

DATE

**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 # L01000009718  
NAME SOUTHWIND PROPERTY INVESTMENTS, LLC  
STREET ADDRESS 1006 GROVE STREET  
CITY-ST-ZIP CLEARWATER, FL 337558293

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

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U00000786533  
01/17/08-80044-003 508.75

**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:**

*Pamela K. Borton, Pamela K. Borton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*Managing Mbr.*

*of Corp. Gen. Ptnr.*

*1-10-2008*

*727-443-8251*

Date

Daytime Phone #

STAPLE CHECK HERE