

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

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A29185**

Entity Name  
**COMCO II, LTD.**



Principal Place of Business  
**8306 S. ORANGE AVENUE  
ORLANDO, FL 32809**

Mailing Address  
**P.O. BOX 628202  
ORLANDO, FL 32862-8202**

**DO NOT WRITE IN THIS SPACE**



04252006 No Chg-LP

CR2E003 (11/05)

4. FEI Number  
**65-0165201**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

**HOWARD, ROBERT M., JR.  
P.O. BOX 593800  
5571 JESSAMINE LANE  
ORLANDO, FL 32859-3800**

**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, 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.**

**12. GENERAL PARTNER INFORMATION**

DOCUMENT # **198590**  
NAME **HOWARD FERTILIZER CO INC**  
STREET ADDRESS **8306 S. ORANGE AVENUE**  
CITY-ST-ZIP **ORLANDO, FL**

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U00000554346  
05/15/06-80089-007 500.00

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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 #

STAPLE CHECK HERE