2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

DOCUMENT # A30317

1. Entity Name
LAUREL HILLS VILLAS II, LTD.

06 MAY -1 AM 9:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
7010 BALBOA DRIVE
ORLANDO, FL 32818

Mailing Address
7010 BALBOA DRIVE
ORLANDO, FL 32818

05042006 Chg-LP CR2E003 (11/05)

2. Principal Place of Business		3. Mailing Address	
		516 Lakeview Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Unit 8	
City & State		City & State Clearwater, FL 33756	
Zip	Country	Zip 33756	Country USA

4. FEI Number 59-3019353 — Applied For / Not Applicable

5. Certificate of Status Desired XX — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALLACE, JOSEPH P
2946 SOUTHGATE TERRACE
ORLANDO, FL 32818

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 $900.00
On or after September 6, 2006, Fee will be $1000.00

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 #	744230	STREET ADDRESS	
NAME	RETIRED EDUCATORS HOUSING OF ORANGE CO.INC		
STREET ADDRESS	7010 BALBOA DRIVE	CITY-ST-ZIP	
CITY-ST-ZIP	ORLANDO, FL		
DOCUMENT #		STREET ADDRESS	800074615048 05/15/06--01008--015 **508.75
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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: Kevin T Flynn-Management Agent 05/05/06 727-449-1182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #