

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

DOCUMENT #A30317		
1. Entity Name LAUREL HILLS VILLAS II, LTD.		

Principal Place of Business 7010 BALBOA DRIVE ORLANDO, FL 32818	Mailing Address 7010 BALBOA DRIVE ORLANDO, FL 32818
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 516 Lakeview Road Suite, Apt. #, etc. Unit 8 City & State Clearwater, FL 33756
City & State	Zip 33756
Country	Country USA

05/05/06 11:09:49
 STATE OF FLORIDA
 TALLAHASSEE



05042006 Chg-LP CR2E003 (11/05)

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

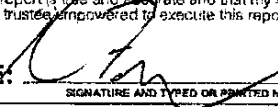
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable.

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

STAPLE CHECK HERE