


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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 APR 24 AM 9:44

DOCUMENT # A31020 1. Entity Name LIBERTY CENTER II, LTD.	
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Principal Place of Business 941 NORTH LIBERTY ST. JACKSONVILLE, FL 32206	Mailing Address P.O. BOX 40126 JACKSONVILLE, FL 32203 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



03082006	Chg-LP	CR2E003 (11/05)
4. FEI Number 59-3042606 59-3136598	Applied For	Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HARRIS, ROBERT L SR. 941 NORTH LIBERTY ST. JACKSONVILLE, FL 32206	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \$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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	S20171	STREET ADDRESS	
NAME	HARRIS GROUP II, INC.	CITY - ST - ZIP	
STREET ADDRESS	941 N. LIBERTY ST.		
CITY - ST - ZIP	JACKSONVILLE, FL 32206		
DOCUMENT #		STREET ADDRESS	500074615645
NAME		CITY - ST - ZIP	05/15/06--01008--028 **508.75
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STREET ADDRESS			
CITY - ST - ZIP			

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: Robert L Harris Sr Date: 4/06/06 (904) 353-0446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #

STAPLE CHECK HERE