## 2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2008

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## FILED Apr 17, 2008 08:00 A Secretary of State DOCUMENT # A32795 1. Entity Name SAN MARCO INVESTORS LIMITED PARTNERSHIP. II Principal Place of Business Mailing Address 2234 RIVER ROAD 2234 RIVER ROAD JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 2. Principal Place of Business - No P.O. Box # Mailing Address Suite, Apt. #. etc. Suite, Apt. #. etc. 1st MOORE CR2E003 (10/07) City & State City & State 4. FEI Number Applied For 59-3112167 Not Applicable Zip Country $Z_{D}$ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOYER, LORI N Street Address (P.O. Box Number is Not Acceptable) 2234 RIVER RD. JACKSONVILLE FL 32207 Zip Code City 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 Sicriature, typed or printed name of registerad agent and are disposicable. DATE FILE NOW!!! Fee is \$500. \*\* \* After May 1, 2008, fee will be \$900. \*\* Make check payable to Florida Department of State. 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS NAME BOYER, LORI STHEET ADDRESS 2234 RIVER RD. CITY-ST-ZIP CITY-ST-ZIF JACKSONVILLE FL <u> Hannananaasa</u> 05/01/08-80034-016 500.00 DOCUMENT # STREET ADDRESS MAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-78P CITY-ST-7/P DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF DOCUMENT & STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS MAME STREET ADDRESS CITY-ST-ZIP CiTY - ST - ZIP 14. Thereby 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 each; 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