2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2007

SIGNATURE:

FILED Feb 23, 2007 08:00 AM DOCUMENT # A33270 1. Entity Namo **Secretary of State** EDISON TERRACES (II), LTD. Principal Place of Business Mailing Address 675 NW 56TH ST 675 NW 56TH ST BLDG C BLDG C MIAMI FL 33127 MIAMI FL 33127 2. Principal Placo of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E003 (10/06) Applied For City & State City & State 4. FEI Number 65-0340797 Not Applicable Zip Country Zip 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 GARDNER, CAROL Stroot Address (P.O. Box Number is Not Acceptable) **675 NW 56 STREET** BUILDING C MIAM! FL 33127 Zip Coda 8. The above named entity submits this statement for the purpose of changing its registered office or registered agont, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. U00000646049 Signature, typed or printed name of registered agent and title it applicable FILE NOW!!! Fee is \$500. *** After May 1, 2007, 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. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY DOCUMENT # V09527 STREET ADDRESS NAME EDISON TERRACES (II) INC STREET ADDRESS 675 NW 56 STREET, BLDG, C CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33127 DOCUMENT # STREET ADORESS NAME. STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP CITY - ST - 7tP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY ST 7/P CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP 14. I hereby certify that the information supplied with this filling 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 eath; 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