

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A93000001135		
1. Entity Name AMDEV-LEE PROPERTIES II, LTD.		

Principal Place of Business 7050 AUGUSTA NATIONAL DR. ORLANDO, FL 32822	Mailing Address P.O. BOX 2113 ORLANDO, FL 32802
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2. Principal Place of Business - No P.O. Box # 6509 Hazeltine National Dr.	3. Mailing Address 6509 Hazeltine Nat'l Dr.
Suite, Apt. #, etc. Suite 6	Suite, Apt. #, etc. Suite 6
City & State Orlando, FL	City & State Orlando, FL
Zip 32822	Country USA

FILED
08 FEB 19 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01162008 Chg-LP CR2E003 (12/06)

6. Name and Address of Current Registered Agent LEE, RICHARD 7050 AUGUSTA NATIONAL DRIVE ORLANDO, FL 32822	
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4. FEI Number 59-3209065	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

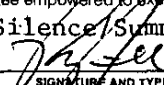
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 6509 Hazeltine National Drive	
Suite 6	
City Orlando,	FL Zip Code 32822

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	1/17/08
Signature, typed or printed name of registered agent and title if applicable.	

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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 # NAME STREET ADDRESS CITY-ST-ZIP	P00000024405 SILENCE/SUMMER LEE, INC. 7050 AUGUSTA NATIONAL DR ORLANDO, FL 32822	STREET ADDRESS CITY-ST-ZIP	6509 Hazeltine National Drive, Ste 6 Orlando, FL 32822
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	088117636070 02/11/08--01003--003 **500.00
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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: 		Richard T. Lee	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date 1/17/08	Daytime Phone # 407-857-2835

STAPLE CHECK HERE