2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A93000001135

1. Entity Name
AMDEV-LEE PROPERTIES II, LTD.

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

Principal Place of Business	Mailing Address
7050 AUGUSTA NATIONAL DR. ORLANDO, FL 32822	P.O. BOX 2113 ORLANDO, FL 32802

01162008 Chg-LP CR2E003 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
6509 Hazeltine National Dr.		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	Zip: 32822	Country: USA

4. FEI Number: 59-3209065 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEE, RICHARD
7050 AUGUSTA NATIONAL DRIVE
ORLANDO, FL 32822

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. DATE

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 #	P00000024405	STREET ADDRESS	6509 Hazeltine National Drive, Ste 6
NAME	SILENCE/SUMMER LEE, INC.		
STREET ADDRESS	7050 AUGUSTA NATIONAL DR	CITY-ST-ZIP	Orlando, FL 32822
CITY-ST-ZIP	ORLANDO, FL 32822		
DOCUMENT #		STREET ADDRESS	
NAME			800117636070
STREET ADDRESS		CITY-ST-ZIP	02/11/08--01003--003 **500.00
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-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

STAPLE CHECK HERE

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

Silence/Summer Lee, Inc., General Partner

SIGNATURE: ____________ Richard T. Lee 1/17/08 407-857-2835
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #