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

FILED Apr 27, 2007 08:00 A Secretary of State DOCUMENT # A93000001419 1. Entity Namo CITADEL II LIMITED PARTNERSHIP Principal Place of Business Mailing Address 1515 N. FEDERAL HWY., SUITE 306 1515 N. FEDERAL HWY., SUITE 306 **BOCA RATON FL 33432 BOCA RATON FL 33432** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E003 (10/06) City & State City & State Applied For 4. FEI Number 65-0455736 Not Applicable Zip Country Zιρ Country \$8.75 Additional 5, Certificate of Status Dosired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo GENSHEIMER, MARK A Street Address (P.O. Box Number is Not Acceptable) 1515 N. FEDERAL HWY., SUITE 306 **BOCA RATON FL 33432** City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. DATE 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. DOCUMENT # P93000087835 STREET ADDRESS NAME CITADEL II, INCORPORATED STREET ADDRESS 1515 N. FEDERAL HWY., SUITE 306 U00000739142 CITY ST 7/P CITY-S1-ZIP 05/14/07<u>-80012-017</u>.500<u>.00</u> **BOCA RATON FL 33432** DOCUMENT A STREET ADDRESS NAME. STREET ADDRESS CHY-SI-7IP CITY-ST-7IP DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY ST ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-SI-7/P CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST- 7IP CHY-ST-ZIP DOCHMENT A STREET ADDRESS NAME STREET ADDRESS CITY - ST-7/P CITY-S1-7IP 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 cortify that the information indicated on this report is true and accurate and that my signature shall have the same tegal 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 Mark A. Gensheimer, President

CHECK HER

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

412610J

Citadel II Incorporated General Partner Citadel II Limited Partnership

Daytime Phone #