

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # A94000000215

1. Entity Name
SPS ASSOCIATES II, LTD.



Principal Place of Business
**603 INDIAN ROCKS ROAD
BELLEAIR, FL 33756**

Mailing Address
**603 INDIAN ROCKS ROAD
BELLEAIR, FL 33756**

DO NOT WRITE IN THIS SPACE



01062006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
59-3218115

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RUGGLES, THOMAS W
603 INDIAN ROCKS ROAD
BELLEAIR, FL 33756**

**DO NOT WRITE
IN THIS SPACE**

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 this is applicable

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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

DOCUMENT # **P94000014634**
NAME **49TH STREET NORTH CORPORATION**
STREET ADDRESS **603 INDIAN ROCKS ROAD**
CITY-ST-ZIP **BELLEAIR, FL 33756**

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**000000398951
01/31/06-80020-002 500.00**

**DO NOT WRITE
IN THIS SPACE**

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: **S. Leonard Sollins** **49th Street North Corporation, General Partner**
S. Leonard Sollins, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DATE

Daytime Phone #

STAPLE CHECK HERE