

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Feb 04, 2008 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**



01092008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

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 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**

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

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02/14/08-80018-005 500.00

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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: *S. Leonard Sallins President* S. LEONARD SALLINS**  
**President, 49th Street North Corp. GENERAL PARTNER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **1/23/08** Daytime Phone # **(813) 356-2880**

STAPLE CHECK HERE