

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Jan 16, 2008 08:00 A
Secretary of State

DOCUMENT # A94000000300

1. Entity Name
GARNER PARTNERS II, LTD.



Principal Place of Business
**333 N.E. 23RD ST.
MIAMI, FL 33137**

Mailing Address
**333 N.E. 23RD ST.
MIAMI, FL 33137**



01092008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0528759

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MOORE, GERALD W
333 N.E. 23RD ST.
MIAMI, FL 33137**

**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 #	
NAME	GARNER, JOHN M TRUSTEE
STREET ADDRESS	333 N.E. 23RD ST.
CITY-ST-ZIP	MIAMI, FL 33137
DOCUMENT #	
NAME	MOORE, JAMES W TRUSTEE
STREET ADDRESS	333 N.E. 23RD ST.
CITY-ST-ZIP	MIAMI, FL 33137
DOCUMENT #	
NAME	GARNER WRIGHT, MARY INDIV.
STREET ADDRESS	333 N.E. 23RD ST.
CITY-ST-ZIP	MIAMI, FL 33137
DOCUMENT #	
NAME	GRAVES, BEVERLY G INDIV.
STREET ADDRESS	333 N.E. 23RD ST.
CITY-ST-ZIP	MIAMI, FL 33137
DOCUMENT #	
NAME	PAULK, KATHRYN M INDIV.
STREET ADDRESS	333 N.E. 23RD ST.
CITY-ST-ZIP	MIAMI, FL 33137
DOCUMENT #	
NAME	MOORE, GERALD W INDIV.
STREET ADDRESS	333 N.E. 23RD ST.
CITY-ST-ZIP	MIAMI, FL 33137

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01/17/08-80042-003 500.00

**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

Ang W. Moore Trustee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1/14/08

305.576.2122