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2007 APR 11 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A94000000597			
1. Entity Name CARLSON FAMILY LIMITED PARTNERSHIP II			
Principal Place of Business 1330 GALLEON DR. ATTN: GARRETT G. CARLSON, SR. NAPLES, FL 34102		Mailing Address 1330 GALLEON DR. ATTN: GARRETT G. CARLSON, SR. NAPLES, FL 34102	
2. Principal Place of Business - No P.O. Box # 674 PALM CIRCLE W		3. Mailing Address P.O. BOX 1826	
Suite, Apt. #, etc. ATTN: GARRETT G. CARLSON		Suite, Apt. #, etc. ATTN: GARRETT G. CARLSON, SR.	
City & State NAPLES, FL 3		City & State NAPLES, FL	
Zip 34102		Country USA	
4. FEI Number 65-0555329		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARLSON, GARRETT G SR. 1330 GALLEON DR. NAPLES, FL 34102-7712		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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 # NAME STREET ADDRESS CITY-ST-ZIP	CARLSON, GARRETT G SR. 1330 GALLEON DR. NAPLES, FL 341027712	STREET ADDRESS CITY-ST-ZIP	674 PALM CIRCLE W NAPLES, FL 34102
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		4/5/07 239-262-3744 <small>Date Daytime Phone #</small>	