2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

FILED Due By May 1, 2008 Feb 19, 2008 08:00 AM Secretary of State DOCUMENT # A9400000924 1. Entity Name LANE FAMILY LIMITED PARTNERSHIP II Principal Place of Business Mailing Address 5700 70TH AVENUE NORTH 5700 70TH AVENUE NORTH PINELLAS PARK, FL 33781 PINELLAS PARK, FL 33781 01172008 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3273889 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LANE, CAROL R DO NOT WRITE 5700 70TH AVENUE NORTH PINELLAS PARK, FL 33781 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 | am familiar with, and accept the obligations of registered agent. H000000833020 <u>02/27/08-80082-817</u> 500.00 Signeture, typed or printed name of registered agent and title if applicable 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. GENERAL PARTNER INFORMATION 12. DOCUMENT # LANE, CAROL R NAME STREET ADDRESS 5700 70TH AVENUE NORTH CHY-ST-ZIP PINELLAS PARK, FL 33781 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP **DOCUMENT #** NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP COCUMENT 4 NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT

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:

NAME
STREET ADDRESS
CITY-ST-ZIP

she show

Carol R. Lane

1/22/08

727-545-9555

Daytime Phone #