2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

FILED Feb 09, 2007 08:00 A tate

DOCUMENT # A9400000941 1. Entity Name WYGLE FAMILY LIMITED PARTNERSHIP II			Secretary of S
5700 70TH	AVENUE NORTH 5700 70TH AVENUE NOR PINELLAS PARK, FL 33781 PINELLAS PARK, FL 3376		
C	OO NOT WRITE IN THIS SE	PACE	01182007 No Chg-LP CR2E003 (12/06) 4. FEI Number Applied For Not Applicable 59-3273816 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required
	Name and Address of Current Registered Agent		
WYGLE, NANCY R 5700 70TH AVENUE NORTH PINELLAS PARK, FL 33781			DO NOT WRITE IN THIS SPACE
	e named entity submits this statement for the purpose of changing its retiions of registered agent. Signature, typed or printed name of registered agent and title if applicable.	gistered office or registe	red agent, or both. in the State of Florida. I am familiar with, and accept
	Sprawe, typed or printed name or registered agent and site it applicable. FILE NOW!!! FEE IS \$500.00	<u> </u>	DATE
	After May 1, 2007, Fee will be \$900.0 A GENERAL PARTNER THAT IS A BUSINESS ENTI		TERED AND ACTIVE WITH THIS OFFICE
40	NOTE: General Partners MAY NOT be changed on the		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT #	WYGLE, NANCY R 5700 70TH AVENUE NORTH PINELLAS PARK, FL 33781		
NAME STREET ADDRESS CITY-ST-ZIP			000000630376 02/20/07-80003-010 500.00
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			
DOCUMENT #			

14. Thereby certify that the information supplied with this filling 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 snall 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