

# **2007 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A95000000482

Entity Name: TRIVEST FUND II, LTD.

**FILED**  
**Feb 16, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

2665 SOUTH BAYSHORE DRIVE, SUITE 800  
MIAMI, FL 33133

**New Principal Place of Business:**

2665 SOUTH BAYSHORE DRIVE  
SUITE 800  
MIAMI, FL 33133

**Current Mailing Address:**

2665 SOUTH BAYSHORE DRIVE, SUITE 800  
MIAMI, FL 33133

**New Mailing Address:**

2665 SOUTH BAYSHORE DRIVE  
SUITE 800  
MIAMI, FL 33133

FEI Number: 65-0575853

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

GERSHMAN, DAVID  
2665 SOUTH BAYSHORE DRIVE, SUITE 800  
MIAMI, FL 33133 US

**Name and Address of New Registered Agent:**

GERSHMAN, DAVID  
2665 SOUTH BAYSHORE DRIVE  
SUITE 800  
MIAMI, FL 33133 US

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.

SIGNATURE:

02/16/2007

Electronic Signature of Registered Agent

Date

**GENERAL PARTNER INFORMATION:**

Document #: A95000000481  
Name: TRIVEST FUND II MANAGER, LTD.  
Address: 2665 SOUTH BAYSHORE DRIVE, SUITE 800  
City-St-Zip: MIAMI, FL 33133

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID GERSHMAN

S

02/16/2007

Electronic Signature of Signing General Partner

Date