2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED Apr 12, 2006 08:00 AM Secretary of State

| Due By May 1, 2006 | | | | Apr 12, 2000 00.00 Apr | |
|---|--|------------------------------------|---|--|--|
| DOCUMENT # A9500000555 1. Entity Name MYSTIC POINTE II LTD. | | | | Secretary of State | |
| Principal Place of Business Mailing Address 20725 SW 46TH AVENUE 20725 SW 46TH AVENUE NEWBERRY, FL 32669 NEWBERRY, FL 32669 | | | | | |
| | | | | | |
| E | OO NOT WRITE | IN THIS SPA | CE | 01042006 No Chg-LP CR 4. FEI Number 59-3413037 | 2E003 (11/05) Applied For Not Applicable |
| | | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent DAVIS, STEFAN M 20725 S.W. 46TH AVENUE NEWBERRY, FL 32669 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. BDODENICATEDWRITE IN THIS SPACE | | |
| | | | City | | Zip Code |
| | named entity submits this statement for tions of registered agent. | he purpose of changing its registe | red office or register | ed agent, or both, in the State of Florida. I | am familiar with, and accept |
| SIGNATURE | Signature, typed or printed name of registered agent en | f title if enniscable | ····· | QA: | TE . |
| FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00 | | | | Unanninses ; 04/26/06-8012 | ?27 ?4-019 SUU.00 |
| | A GENERAL PARTNER TH NOTE: General Partners MAY | AT IS A BUSINESS ENTITY I | MUST BE REGIST n; an amendmen | FERED AND ACTIVE WITH THIS OFF It must be filed to change a general | FICE. partner. |
| 12. | GENERAL PARTNER I | | | ADDRESS CHANGES | |
| DOCUMENT / NAME | A95000000823 DAVIS HERTIAGE, LTD. | sn | ILLET ADORESS | | |
| STREET ADDRESS | 20725 S.W. 46TH AVENUE | CN | Y-ST-ZIP | • | |
| CITY-ST-ZIP DOCUMENT # | NEWBERRY, FL 32669 | | rlei adoress | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | 1 | Y-SI- <i>U</i> P | | |
| DOCUMENS # | | SU | RELT ADDRESS | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | y-si-zip | DO NOT WRIT | |
| DOCUMENT # NAME | | SI | reet address | IN THIS SPACE | |
| STREET ADDRESS Caty-St-21P | | . Cit | Y-SI-ZIP | | |
| DOCUMENT I | | ST | REET ADDRESS | | |
| STRLET ACTURESS CITY-ST-ZIP | | Cit | Y-ST-ZIP | | |
| DOCUMENT # | | SIF | eet address | | |

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 520, Florida Statutes

CUY-ST-ZIP

SIGNATURE: .

STREET ADDRESS

CITY-ST-ZIP

STAPLE CHECK HERE

Stefan
Signature and typed or printed have of stoning deneral partner

Stefan M. Davis

2/15/06

352-472-7773

Day;этв Риске 9