


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

|  |   |
|--|---|
| DOCUMENT # A95000000555<br>1. Entity Name<br>MYSTIC POINTE II LTD. |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br>20725 SW 46TH AVENUE<br>NEWBERRY, FL 32669 | Mailing Address<br>20725 SW 46TH AVENUE<br>NEWBERRY, FL 32669 |
|---|---|

**DO NOT WRITE IN THIS SPACE**

**FILED**  
 2007 APR 30 AM 9:23  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



01032007 No Chg-LP CR2E003 (12/06)

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>59-3413037                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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. Box Number, if Applicable) \_\_\_\_\_  
 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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 |   |
|---------------------------------|---|
| DOCUMENT #                      | A95000000823  |
| NAME                            | <del>DAVIS HERITAGE, LTD.</del> <i>Davis Heritage, Ltd.</i> |
| STREET ADDRESS                  | 20725 S.W. 46TH AVENUE                                      |
| CITY-ST-ZIP                     | NEWBERRY, FL 32669  |
| DOCUMENT #                      |   |
| NAME                            |   |
| STREET ADDRESS                  |   |
| CITY-ST-ZIP                     |   |
| DOCUMENT #                      |   |
| NAME                            |   |
| STREET ADDRESS                  |   |
| CITY-ST-ZIP                     |   |
| DOCUMENT #                      |   |
| NAME                            |   |
| STREET ADDRESS                  |   |
| CITY-ST-ZIP                     |   |

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

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 CITY-ST-ZIP \_\_\_\_\_

500102360945  
 05/15/07--01005--017 \*\*500.00

**DO NOT WRITE IN THIS SPACE**

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:  Stefan M. Davis January 4, 2007 352-472-7773  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE