2008 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Feb 14, 2008 08:00 AN **Due By May 1, 2008 Secretary of State** DOCUMENT # A95000000555 1. Entity Name MYSTIC POINTE II LTD. Principal Place of Business Mailing Address 20725 SW 46TH AVENUE 20725 SW 46TH AVENUE NEWBERRY, FL 32669 NEWBERRY, FL 32669 01182008 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3413037 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DAVIS, STEFAN M Street Address (P.O. BDObe NOTCE) MRITE 20725 S.W. 46TH AVENUE NEWBERRY, FL 32669 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable DATE 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 13. 12. A95000000823 DOCUMENT # STREET ADDRESS NAME DAVIS HERITAGE, LTD. STREET ADDRESS 20725 S.W. 46TH AVENUE CITY-ST-ZIP NEWBERRY, FL 32669 DOCUMENT # STREET ADDRESS U000000828262 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET 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 620, Florida Statutes

CITY-ST-ZIP

STREET ADDRESS

H H H H

STAPLE CHECK

CITY-ST-ZIP DOCUMENT#

NAME STREET ADDRESS

> Stefan M. Davis SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

January 24, 2008

(352) 472-7773