

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 26, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A95000001425**

1. Entity Name

FLORIDA OPPORTUNITY INCOME PARTNERS II, LTD.



Principal Place of Business

109 WEST COMMERCIAL ST.  
SANFORD, FL 32771

Mailing Address

109 WEST COMMERCIAL ST.  
SANFORD, FL 32771

**DO NOT WRITE IN THIS SPACE**



04042006 No Chg-LP

CRZE003 (11/05)

4. FEI Number

59-3353500

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BARCAP REALTY SERVICES GROUP, INC.  
109 WEST COMMERCIAL ST  
SANFORD, FL 32771

**DO NOT WRITE  
IN THIS SPACE**

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

*J. Stephen Miller V.P.*  
Signature, typed or printed name of registered agent and title if applicable.

4-24-06

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

1100000535040  
05/08/06-80059-014 500.00

**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 # P97000097503  
NAME BARON CAPITAL LXXXIII, INC.  
STREET ADDRESS 109 WEST COMMERCIAL ST  
CITY-ST-ZIP SANFORD, FL 32771

DOCUMENT #  
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CITY-ST-ZIP

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CITY-ST-ZIP

**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:

*J. Stephen Miller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-24-06

DATE

407 685 7362

Daytime Phone #

STAPLE CHECK HERE