2007 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2007 FILED DOCUMENT # A95000001641 07 APR 20 AM 9:31 STEEPLECHASE APARTMENTS II, LTD. SECRETARY OF STATE FALLAHASSEF. FLORIDA Principal Place of Business Mailing Address 11635 N.W. 1ST AVENUE 11635 N.W. 1ST AVENUE GAINESVILLE, FL 32607 GAINESVILLE, FL 32607 BK F. 18. ... 03272007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3371527 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CURTIS, JOHN M DO NOT WRITE 11635 N.W. 1ST AVENUE GAINESVILLE, FL 32607 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 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 # NAME CURTIS, JOHN M STREET ADDRESS 11635 N.W. 1ST AVENUE 400101860764 CITY-ST-ZIP GAINESVILLE, FL 32607 .05/08/07#+01048+#006 DOCUMENT # NAME CURTIS, GAIL W STREET ADDRESS 11635 N.W. 1ST AVENUE CITY-ST-ZIP GAINESVILLE, FL 32607 DOCUMENT A NAME SCOTT, STEVE W DO NOT WRITE STREET ADDRESS 5700 S.W. 34TH STREET, #1112 CITY-ST-ZIP GAINESVILLE, FL 32608 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP

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:

DOCUMENT # NAME STREET ADORESS CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

John M. Curtis General Partner

3/30/2007

Date

352-332-0838

Daytime Phone #