



**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

<b>DOCUMENT # A95000001641</b> 1. Entity Name <b>STEEPLECHASE APARTMENTS II, LTD.</b>	
---	---

Principal Place of Business <b>11635 N.W. 1ST AVENUE GAINESVILLE, FL 32607</b>	Mailing Address <b>11635 N.W. 1ST AVENUE GAINESVILLE, FL 32607</b>
---	---

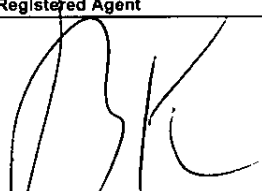
**DO NOT WRITE IN THIS SPACE**

**FILED**  
**08 APR 14 PM 12:00**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



01242008 No Chg-LP CR2E003 (12/06)

4. FEI Number <b>59-3371527</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>CURTIS, JOHN M 11635 N.W. 1ST AVENUE GAINESVILLE, FL 32607</b>	
--	---

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, 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.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>CURTIS, JOHN M 11635 N.W. 1ST AVENUE GAINESVILLE, FL 32607</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>CURTIS, GAIL W 11635 N.W. 1ST AVENUE GAINESVILLE, FL 32607</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>SCOTT, STEVE W 5700 S.W. 34TH STREET, #1112 GAINESVILLE, FL 32608</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	

**100123593931**  
**04/16/08--01006--008 \*\*508.75**

**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:**  **John M. Curtis**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**General Partner** **4/1/2008** **352-332-0838**  
Date Daytime Phone #

STAPLE CHECK HERE