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

SIGNATURE: .

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SECRETARY OF STATE TALLAHASSEE, FLORIDA **DOCUMENT # A96000002244** 08 MAR 31 PH 3: 52 1. Entity Name SEOLA II, LTD. Principal Place of Business Mailing Address 300 SE 2ND ST. 300 SE 2ND ST. FT. LAUDERDALE, FL 33301 FT. LAUDERDALE, FL 33301 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152008 Chg-LP CR2E003 (12/06) City & State City & State 4. FEI Number Applied For 65-0714109 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Robert Esposito JONES, PATRICIA Street Address (P.O. Box Number is Not Acceptable) 300 SE 2ND ST. c/o Stiles Corporation C/O STILES CORPORATION FT. LAUDERDALE, FL 33301 300 SE 2nd ST City <u>Ft. Lauderdale</u> 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 Fiorida. I am familiar with, and accept the obligations of registered agent. Robert Esposito Signature, types of printed pame 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. GENERAL PARTNER INFORMATION 12. 13. ADDRESS CHANGES ONLY P96000099095 DOCUMENT # STREET ADDRESS NAME SEOLA II, INC. STREET ADDRESS 300 SE 2ND ST. CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE, FL 33301 200121511042 03/28/08--01012--012 **500,00 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter †19, 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

Terry W. Stiles January 31, 2008 954-627-9300

Daytime Phone #