## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

## FILED Apr 11, 2007 08:00 A Secretary of State

DOCUMENT	#A9700000862
4 (T-44) NI	

1. Entity Name
AB ORLANDO II. LTD.



Principal Place of Business

5728 MAJOR BLVD., STE. 601 ORLANDO, FL 32819 Mailing Address

5728 MAJOR BLVD., STE. 601 ORLANDO, FL 32819



03202007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-3440327

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KHATIB, RASHID A 5728 MAJOR BLVD., STE. 601 ORLANDO, FL 32819

## DO NOT WRITE IN THIS SPACE

	e named entity submits this statement for the purpose of changing its re- tions of registered agent.	gistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	DATE
	FILE NOW!!! FEE IS \$500.00 ^ After May 1, 2007, Fee will be \$900.0	00
		TY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. form; an amendment must be filed to change a general partner.
12.	GENERAL PARTNER INFORMATION	
DOCUMENT #	P97000019898	į.
NAME	MARTNI LBV, INC.	
STREET ADDRESS CITY-ST-ZIP	0.10 /// 0.001	
	ORLANDO, FL 32819	V00000699059
DOCUMENT #	F96000004207	04/19/07-80027-015 5on.ob
NAME	BROWN-ORLANDO II, INC.	2 11 2 20 0 1 000E1 010 000100
STREET ADDRESS	300 EAST LOMBARD STREET, STE. #1200	
CITY-ST-ZIP	BALTIMORE, MD 21202	
DOCUMENT #		
NAME		DO NOT WRITE
STREET ADDRESS		DO NOT WRITE
CITY-ST-ZiP		IN THIS SPACE
DOCUMENT #		IN THIS SPACE
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

SIGNATURE:

DOCUMENT #
NAME
STREET ADDRESS
GITY-ST-ZIP
DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/30/07

407-324-500

Daytme Phone #