2008 LIMITED PARTNERSHIP ANNUAL REPORT

FILED **Due By May 1, 2008** Apr 22, 2008 08:00 AN Secretary of State **DOCUMENT # A97000001342** 1. Entity Name GRAYWATER INVESTMENTS, II, LTD. Principal Place of Business Mailing Address 4320 WOODLAND PARK DR. 4320 WOODLAND PARK DR. W. MELBOURNE, FL 32904 W. MELBOURNE, FL 32904 01092008 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3460397 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HEALY, PATRICK F ESQ. DO NOT WRITE 1800 W. HIBISCUS BLVD. #138 MELBOURNE, FL 32901 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, typed or printed name of registered agent and title if applicable. DATE 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. P94000050548 DOCUMENT # NAME CIA DEVELOPMENT, INC. 4320 WOODLAND PARK DR. STREET ADDRESS CITY-ST-7IP W. MELBOURNE, FL 32904 U00000914055 05/08/08-80041-004 500.00 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME

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 presecute the report as required by Chapter 620, Florida Statutes.

SIGNATURE:

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