2006 LIMITED PARTNERSHIP ANNUAL REPORT

FILED

			Due By M	ay 1, 2006				Apr 2	4, 200	6 08:00 A
DOCUMENT # A9700002079 1. Entity Name THEATRE ASSOCIATES II, LLLP							Secretary of State			
Princ	cipal Plac	e of Busines	·	Mailing Address			-			
240	S. PINE		, 10TH FLOOR	240 S. PINEAPPLE AVE., 10TH FLOOR SARASOTA, FL 34236				(214 (224 224 224) Bail Bail	41 - 1 1114 - 11114 - 41151	BB111 (
2. P	Principal P	lace of Busin	ness	3. Mailing Address	. Mailing Address					
S	Suite, Apt	#, etc.		Suite, Apt. #, etc.			02282006	Chg-LP	CR2E00	3 (11/05)
C	City & State	e		City & State			4. FEI Number 65-0783			Applied For Not Applicable
Z	Zip Country			Zip	Cour	ntry	5. Certificate of Status Desired			
		6. Name	and Address of Current	Registered Agent		7. Name and Address of New Registered Agent				
DA.	NIN STI	EVEN C				Name				
			ERTY MANAGEMEN	T		Street Address	(P.O. Box Number	is Not Acceptable	e)	7647401007001001100110011 00710 7847 8 10011
199	1 MAIN	STREET	BOX 183					***********************	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
SAI	RASOT	A, FL 342	236							
						City FL Zip Code				Zip Code
th		ions of regis		r the purpose of changing i					DATE	
-			FILE NOV After May 1, 2	VIII FEE IS \$500.00 906, Fee will be \$90	00.00					
		A C	GENERAL PARTNER T General Partners MA	HAT IS A BUSINESS E Y NOT be changed on	NTITY N	IUST BE REGIS	TERED AND A	CTIVE WITH TH	IS OFFICE.	ner,
12.			GENERAL PARTNER					ADDRESS CH		
1	MENT #	DANID D	uan e		STR	EET ADORESS				
1	t address St-Zip	BAND, DAVID S 240 S. PINEAPPLE AVE. SARASOTA, FL 34236		cл y-s т-		r-ST-ZIP	••••			
DOCUM	MENT #	RUBEN, WAYNE		STAT		EET ADDRESS		1.10.10		
)	1 ADDRESS ST-ZIP	,	N STREET SUITE 208 TA, FL 34236		City-Si-			000L 05/06/(1005331 16-8010	25 3-019 500.00
NAME	MENT # Taddress	NELSON, JOHN A 276 POST ROAD WEST SUITE 2 WESTPORT, CT 06880		01		EET AODRESS				
СПУ-	ST-ZIP					(-ST-ZIP	·····			
NAME	ment # T address					EET AOORESS				
CITY -	1		- MATTA STATE AND THE STATE OF		-	-51-ZIP	>			
NAME	i					-ST-ZIP				
DOCUM	ST-ZIP VIENT#					ET ADORESS				
NAME					2181	IL I ADURESS				

14. Thereby certify that the Information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes 1 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 eath, 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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

David S. Band, Gen Ptr SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTINER SIGNATURE Dayt-ma Phona #