

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

**FILED**  
**Feb 18, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # A97000002079**

1. Entity Name  
**THEATRE ASSOCIATES II, LLLP**



Principal Place of Business  
**240 S. PINEAPPLE AVE., 10TH FLOOR  
SARASOTA, FL 34236**

Mailing Address  
**240 S. PINEAPPLE AVE., 10TH FLOOR  
SARASOTA, FL 34236**



01212008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0783505**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BAND, STEVEN C  
EXECUTIVE PROPERTY MANAGEMENT  
1991 MAIN STREET BOX 183  
SARASOTA, FL 34236**

**DO NOT WRITE  
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

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**

U00000831278  
02/27/08-80011-022 500.00

**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	<b>BAND, DAVID S</b>
STREET ADDRESS	<b>240 S. PINEAPPLE AVE.</b>
CITY-ST-ZIP	<b>SARASOTA, FL 34236</b>
DOCUMENT #	
NAME	<b>RUBEN, WAYNE</b>
STREET ADDRESS	<b>1991 MAIN STREET SUITE 208</b>
CITY-ST-ZIP	<b>SARASOTA, FL 34236</b>
DOCUMENT #	
NAME	<b>NELSON, JOHN A</b>
STREET ADDRESS	<b>276 POST ROAD WEST SUITE 201</b>
CITY-ST-ZIP	<b>WESTPORT, CT 06880</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**2/13/08**

Date

Daytime Phone #

STAPLE CHECK HERE