

# 2008 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A98000000531

**FILED**  
**Apr 30, 2008**  
**Secretary of State**

**Entity Name:** FLAMINGO FALLS PROFESSIONAL CENTER II, LTD.

**Current Principal Place of Business:**

1806 FLAMINGO RD.  
SUITE 300  
PEMBROKE PINES, FL 33028

**New Principal Place of Business:**

**Current Mailing Address:**

1806 FLAMINGO RD.  
SUITE 300  
PEMBROKE PINES, FL 33028

**New Mailing Address:**

**FEI Number:** 65-0901847

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FFPC II, INC.  
1851 NW 125TH AVE  
SUITE 300  
PEMBROKE PINES, FL 33028 US

**Name and Address of New Registered Agent:**

FFPC II, INC.  
1806 N FLAMINGO RD  
SUITE 300  
PEMBROKE PINES, FL 33028 US

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.

SIGNATURE: SANDY SEGALL

04/30/2008

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: P98000018651  
Name: FFPC II, INC.  
Address: 1806 N. FLAMINGO RD. SUITE 300  
City-St-Zip: PEMBROKE PINES, FL 33028

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SANDY SEGALL

D

04/30/2008

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date