

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A98000000531

**FILED**  
**Apr 20, 2011**  
**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:**

SEGALL, SANDY S  
1806 N FLAMINGO RD  
SUITE 300  
PEMBROKE PINES, FL 33028 US

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

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: \_\_\_\_\_

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 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

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

04/20/2011

\_\_\_\_\_  
Date