

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

07 JUL 18 PM 3:34

**DOCUMENT # A98000000698**

1. Entity Name  
 TAMCO II COMPANY, LTD.



Principal Place of Business 19501 BISCAYNE BOULEVARD, SUITE 400 AVENTURA, FL 33180	Mailing Address 19501 BISCAYNE BOULEVARD, SUITE 400 AVENTURA, FL 33180
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip Country	Zip Country

03212007 Chg-LP CR2E003 (12/06)

4. FEI Number 65-0822786	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

HARTGLASS, LORI R  
 19501 BISCAYNE BOULEVARD, SUITE 400  
 AVENTURA, FL 33180

**7. Name and Address of New Registered Agent**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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, 2007, Fee will be \$900.00**

100106365451  
 07/19/07--01003--003 \*\*1800.00

**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 #	P98000024444
NAME	TAMCO II, INC.
STREET ADDRESS	19501 BISCAYNE BOULEVARD, SUITE 400
CITY - ST - ZIP	AVENTURA, FL 33180

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	
CITY - ST - ZIP	

DOCUMENT #	
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CITY - ST - ZIP	

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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

STREET ADDRESS	
CITY - ST - ZIP	

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

4-27-07

Date

Daytime Phone #

STAPLE CHECK HERE