


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

2006 APR 28 PM 5:09

DOCUMENT # A98000001065 1. Entity Name AWAD & ASSOCIATES II, LTD.					
Principal Place of Business 880 CARILLON PARKWAY ST PETERSBURG, FL 33716			Mailing Address 880 CARILLON PARKWAY ST PETERSBURG, FL 33716		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JULIEN, JEFFREY P 880 CARILLON PARKWAY ST PETERSBURG, FL 33716				Name CT Corporation Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road City Plantation FL Zip Code 33324	
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 <u><i>Connie Bay</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				CONNIE BRYAN GENERAL ASSISTANT SECRETARY DATE <u>May 01, 2006</u>	
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00					
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P93000066255		STREET ADDRESS		
NAME	AWAD & ASSOCIATES, INC.		CITY-ST-ZIP		
STREET ADDRESS	880 CARILLON PARKWAY				
CITY-ST-ZIP	ST PETERSBURG, FL 33716				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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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: <u><i>Steve Hill</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date <u>4/28/06</u> Daytime Phone # <u>727-567-3545</u>		

STAPLE CHECK HERE



04132006 Chg-LP CR2E003 (11/05)

4. FEI Number 59-3515421 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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