2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

FILED **DOCUMENT # A98000002293** 1. Entity Name 08 JUL 17 AMII: 22 BRITTANY ASSOCIATES II, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 9001 DANIELS PARKWAY 9001 DANIELS PARKWAY STE. 200 STE. 200 FT. MYERS, FL 33912 FT. MYERS, FL 33912 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 04012008 Chq-LP CR2E003 (12/06) City & State City & State 4. FEI Number Applied For 65-0874118 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ANDREW SERVICE CORPORATION OF FLORIDA Street Address (P.O. Box Number is Not Acceptable) 201 N. FRANKLIN STREET, SUITE 2100 TAMPA, FL 33602 FRANKUN STREET 8. The above named entity submits ement 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 Stephen J.Mitchell Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY P98000085283 DOCUMENT # STREET ADDRESS NAME PARKER-BRITTANY II, INC. STREET ADDRESS 9001 DANIELS PKWY, STE. 200 CITY-ST-ZIP 00013259197n CITY-ST-ZIF FT. MYERS, FL 33912 07/09/08--01032--002 **900.nn DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / STREET ADORESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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

NULL EARLIE M. STULTZ and typed or prinjed name of signing general partner

SIGNATURE: