

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 MAY -1 AM 9:39

DOCUMENT #A98000002741

1. Entity Name
BAYSHORE APARTMENTS OF MANATEE II LIMITED PARTNERSHIP



Principal Place of Business
**4104 - 20TH STREET WEST, APT. 100
 BRADENTON, FL 34205**

Mailing Address
**4104 - 20TH STREET WEST, APT. 100
 BRADENTON, FL 34205**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01302006

Chg-LP

CR2E003 (11/05)

4. FEI Number

59-1374171

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**GOLDMAN, STANLEY
 4104 - 20TH STREET WEST, APT. 100
 BRADENTON, FL 34205**

7. Name and Address of New Registered Agent

Name

RIC GREGORIA, ESQ

Street Address (P.O. Box Number is Not Acceptable)

City

SARASOTA

FL

Zip Code

34236

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).

4/25/06

DATE

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

DOCUMENT # **P98000103560**
 NAME **BAYSHORE APARTMENTS OF MANATEE II, INC.**
 STREET ADDRESS **4104 - 20TH STREET WEST, APT. 100**
 CITY-ST-ZIP **BRADENTON, FL 34205**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

900075031149

05/22/06--01045--031 **535.00

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, typed or printed name of signing general partner

Date

Daytime Phone #

4/25/06

STAPLE CHECK HERE