


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # A98000002808 1. Entity Name THE STANLEY AND JANET KANE FAMILY PARTNERSHIP II, LTD.	
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Principal Place of Business 539 NORSOTA WAY SARASOTA, FL 34242	Mailing Address 539 NORSOTA WAY SARASOTA, FL 34242
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DO NOT WRITE IN THIS SPACE



01092007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-6288326	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KANE, STANLEY B 1991 MAIN STREET SUITE 260 SARASOTA, FL 34236	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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 # NAME STREET ADDRESS CITY - ST - ZIP	HELLWEG, PRISCILLA K 1991 MAIN STREET, SUITE 260 SARASOTA, FL 34236
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	KANE, KATHERINE 1991 MAIN STREET, SUITE 260 SARASOTA, FL 34236
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	KANE-HARTNETT, BETSY 1991 MAIN STREET, SUITE 260 SARASOTA, FL 34236
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02/19/07-80004-007 500.00

**DO NOT WRITE
IN THIS SPACE**

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>Stanley B Kane</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	Date _____	Daytime Phone # _____
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STAPLE CHECK HERE