


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # A99000000567			
1. Entity Name THE PAVER FAMILY LIMITED PARTNERSHIP II			
Principal Place of Business 4370 S. TAMiami TRAIL #242 SARASOTA FL 34239		Mailing Address 4370 S. TAMiami TRAIL #242 SARASOTA FL 34239	
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 PAVER, PAUL L 4370 S. TAMiami TRAIL SARASOTA FL 34239		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		DATE	



1st MOORE CR2E003 (10/05)

4. FEI Number **65-0909314** Applied For
Not Applicable

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

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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 #	PAVER, PAUL L	STREET ADDRESS	1000000465336
NAME	4370 TAMiami TRAIL	CITY-ST-ZIP	03/22/06-80032-011 500.00
STREET ADDRESS	SARASOTA FL 34239		
CITY-ST-ZIP			
DOCUMENT #	PAVER, DORIS M	STREET ADDRESS	
NAME	4370 TAMiami TRAIL	CITY-ST-ZIP	
STREET ADDRESS	SARASOTA FL 34239		
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: *D. R.*

3/9/06