

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

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

<b>DOCUMENT # A99000000567</b>					
1. Entry Name <b>THE PAVER FAMILY LIMITED PARTNERSHIP II</b>					
Principal Place of Business <b>4370 S. TAMIAMI TRAIL #242 SARASOTA FL 34239</b>			Mailing Address <b>4370 S. TAMIAMI TRAIL #242 SARASOTA FL 34239</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0909314</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PAVER, PAUL L 4370 S. TAMIAMI TRAIL SARASOTA FL 34239</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b> 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 _____	
<small>Signature, typed or printed name of registered agent, and title if applicable</small>				<small>DATE</small>	



1st MOORE CR2E003 (10/05)

**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	100000465336
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			
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
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.P.*

*3/9/06*