


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A99000000719</b>					
<b>1. Entity Name</b> THE BAND FAMILY PARTNERSHIP II, LTD.					
<b>Principal Place of Business</b> 240 SOUTH PINAPPLE AVE., 10TH FLOOR SARASOTA, FL 34236			<b>Mailing Address</b> C/O DAVID S. BAND P.O. BOX 49948 SARASOTA, FL 34236		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt #, etc			Suite, Apt #, etc		
City & State			City & State		
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0917328	
				<input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  BAND, DAVID S 240 SOUTH PINAPPLE AVE., 10TH FLOOR SARASOTA, FL 34236				<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> _____ <b>DATE</b> _____					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	615740	STREET ADDRESS	STREET ADDRESS		
NAME	DSB, INC.	CITY-ST-ZIP	CITY-ST-ZIP		
STREET ADDRESS	240 SOUTH PINAPPLE AVE. 10TH FLOOR				
CITY-ST-ZIP	SARASOTA, FL 34236				
DOCUMENT #		STREET ADDRESS	STREET ADDRESS		
NAME		CITY-ST-ZIP	CITY-ST-ZIP		
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STREET ADDRESS					
CITY-ST-ZIP					
<b>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.</b>					
<b>SIGNATURE:</b> _____		David S. Band, Director		3/15/06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>DATE</small>		<small>Daytime Phone #</small>	



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