

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED

08 FEB 19 PM 4:03

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



01252008 Chg-LP CR2E003 (12/06)

4. FEI Number **65-0917328** Applied For ☐ Not Applicable ☒

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

DOCUMENT # A99000000719

1. Entity Name
THE BAND FAMILY PARTNERSHIP II, LTD.



Principal Place of Business
**240 SOUTH PINAPPLE AVE., 10TH FLOOR
 SARASOTA, FL 34236**

Mailing Address
**C/O DAVID S. BAND
 P.O. BOX 49948
 SARASOTA, FL 34236**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country
34230-6948

6. Name and Address of Current Registered Agent
**BAND, DAVID S
 240 SOUTH PINAPPLE AVE., 10TH FLOOR
 SARASOTA, FL 34236**

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 _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$500.00
 After May 1, 2008, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	615740 DSB, INC. 240 SOUTH PINAPPLE AVE., 10TH FLOOR SARASOTA, FL 34236	STREET ADDRESS CITY-ST-ZIP	300117365979 02/13/08--01029--002 **500.00
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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: *David S. Band* **David S. Band,**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **President of DSB, Inc.** **1/30/08** **941-366-6660**
Date Daytime Phone #