


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 14, 2007**

<b>DOCUMENT # A99000001189</b> 1. Entity Name <b>GRATIGNY PARTNERS II, LTD.</b>	
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SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 07 JUL 27 PM 12:51

Principal Place of Business <b>14445 N.E. 20TH LANE</b> <b>NORTH MIAMI, FL 33181</b>	Mailing Address <b>14445 N.E. 20TH LANE</b> <b>NORTH MIAMI, FL 33181</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip      Country	3. Mailing Address <b>2121 Ponce De Leon Boulevard</b> Suite, Apt. #, etc. <b>1100</b> City & State <b>Coral Gables, Florida</b> Zip      Country <b>33134      USA</b>	4. FEI Number <b>65-0941007</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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06252007      Chg-LP      CR2E003 (12/06)

<b>6. Name and Address of Current Registered Agent</b> <b>NUNEZ, MIKE</b> <b>14445 N.E. 20TH LANE</b> <b>NORTH MIAMI, FL 33181</b>	<b>7. Name and Address of New Registered Agent</b> Name <b>Michael B. Goldstein, CPA</b> Street Address (P.O. Box Number is Not Acceptable) <b>2121 Ponce De Leon Blvd., #1100</b> City <b>Coral Gables</b> <b>FL</b> Zip Code <b>33134</b>
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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

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

DATE

**FILE NOW!!! FEE IS \$500.00**  
**Due by September 14, 2007**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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 # <b>P99000062769</b> NAME <b>GRATIGNY MANAGERS II, INC.</b> STREET ADDRESS <b>14445 N.E. 20TH LANE</b> CITY-ST-ZIP <b>NORTH MIAMI, FL 33181</b>	STREET ADDRESS <b>400106978254</b> CITY-ST-ZIP <b>07/31/07-01023-008 **500.00</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

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

BLT