

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # A99000001583

1. Entity Name
SANTA FE POINTE II LTD.



Principal Place of Business
**20725 S.W. 46TH AVENUE
NEWBERRY, FL 32669**

Mailing Address
**20725 S.W. 46TH AVENUE
NEWBERRY, FL 32669**



01062006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1795195

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DAVIS, NORITA V
20721 S.W. 46TH AVENUE
NEWBERRY, FL 32669**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box is acceptable)

City

**DO NOT WRITE
IN THIS SPACE**

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

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

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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

DOCUMENT # **A95000000823**
NAME **DAVIS HERITAGE LTD.**
STREET ADDRESS **20725 S.W. 46TH AVENUE**
CITY-ST-ZIP **NEWBERRY, FL 32669**

DOCUMENT #
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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

**00000535497
05/08/06-80055-017 500.00**

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: *Stefan M. Davis* **Stefan M. Davis**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/15/06
Date

352-472-7773
Daytime Phone #

STAPLE CHECK HERE