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

DO NOT WRITE IN THIS SPACE

## DOCUMENT # A9900001918 1. Entity Name EAGLE ROCK PARTNERS II, LTD.



FILED Apr 27, 2006 08:00 AN Secretary of State

Principal Place of Business

1000 N ORLANDO AVENUE

SUITE D

WINTER PARK, FL 32789

Mailing Address

C/O DAVID C. STRONG

P.O. BOX 276

WINTER PARK, FL 32790



01042006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 59-3609397

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STRONG, DAVID C 1000 N ORLANDO AVENUE SUITE D WINTER PARK, FL 32789

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8. The above named entity submits this statement for the purpose of	of changing its registered	office or registered an	ent or both in the State of Florida. Lam familiar u	ith and accord
the obligations of registered agent.	A Gridinging to registered	omee or registered ag	Hoonnesessa	
SIGNATURE			05/09/06-80054-009 50	0.00
Signature, typed or printed name of registered agent and title if applicable.			DATE	<del></del>
FILE NOW!!! FEE IS After May 1, 2006, Fee w				. ,

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 ! P99000101272 NAME STRONG/EAGLE ROCK II, INC. STREET ADDRESS 1000 N ORLANDO AVE., SUITE D CITY-ST-ZIP WINTER PARK, FL 32789 DOCUMENT # NAME STREET ADDRESS City-St-ZiP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # CHECK STREET ADDRESS CITY-ST-ZIP щ STAPLE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

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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

STORY Each LOCK TI, Suc - Community of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

URE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PART

C. STYLAM

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Daytime Phone #