


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 22, 2005 8:00 am
Secretary of State

DOCUMENT # A99000001922 1. Entity Name CLARMART II LIMITED PARTNERSHIP			
Principal Place of Business 270 WAYMONT CT #110 LAKE MARY, FL 32746		Mailing Address 270 WAYMONT CT #110 LAKE MARY, FL 32746	
2. Principal Place of Business 24525 CR 44A Suite, Apt. #, etc.		3. Mailing Address P.O. Box 520 Suite, Apt. #, etc.	
City & State Eustis, FL Zip 32736 Country Lake		City & State Sorrento, FL Zip 32776 Country Lake	
4. FEI Number 59-3623193		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FORD, ALBERT E II, ESQ 270 WAYMONT CT #110 LAKE MARY, FL 32746		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$2,470,245.00		10. Amount of Capital Contributions in FLORIDA to date.	
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	P99000095502 LAZAAN INVESTMENTS, INC. 270 WAYMONT CT #110 LAKE MARY, FL 32746	STREET ADDRESS CITY-ST-ZIP	24525 CR 44A Eustis, FL 32736
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>[Signature]</i> President Lazaan Investments Inc. GP. 4-15-05 352 357 5100			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date</small>	<small>Daytime Phone #</small>

STAPLE CHECK HERE