


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

<b>DOCUMENT # A99000002083</b> 1. Entity Name <b>MAGNOLIA WALK APARTMENTS II, LTD.</b>	
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**FILED**

2006 APR 21 AM 7:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business 1629 NW 4TH STREET OCALA, FL 34475	Mailing Address 1629 NW 4TH STREET OCALA, FL 34475
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2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country
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03012006    Chg-LP    CR2E003 (11/05)

4. FEI Number <b>59-3630761</b>	Applied For Not Applicable
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5. Certificate of Status Desired    ☒    **\$8.75 Additional Fee Required**

<b>6. Name and Address of Current Registered Agent</b>  DAWSON, GWENDOLYN 233 S.W. 3RD STREET OCALA, FL 34478	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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	13. ADDRESS CHANGES ONLY
DOCUMENT # <b>724341</b> NAME <b>OCALA LEASED HOUSING CORPORATION, INC.</b> STREET ADDRESS <b>233 S.W. 3RD STREET</b> CITY-ST-ZIP <b>OCALA, FL 34478</b>	STREET ADDRESS CITY-ST-ZIP
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**600072421876**  
**04/27/06--01042--020 \*\*\$08.75**

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:** *Whitfield Jenkins*    **Ocala Leased Housing Corporation, Inc., General Partner**  
 By: **Whitfield Jenkins**    04/18/06    352-332-0838  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER    President    Date    Daytime Phone #

STAPLE CHECK HERE