


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

DOCUMENT # A99000002083		
1. Entity Name MAGNOLIA WALK APARTMENTS II, LTD.		

**FILED**  
08 APR 14 PM 12:00  
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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02252008 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3630761	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
BARNARD, BROWNELL 1629 NW 4TH STREET OCALA, FL 34475	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, 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 #	P03000049730	STREET ADDRESS	
NAME	MAGNOLIA WALK APARTMENTS II, INC.	CITY-ST-ZIP	
STREET ADDRESS	11635 N.W. 1ST AVENUE		
CITY-ST-ZIP	GAINESVILLE, FL 32607		
DOCUMENT #		STREET ADDRESS	
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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.

SIGNATURE:  4/2/08  
Magnaolia Walk Apartments II, Inc.  
By: Brownell Barnard, Director and 4/1/2008 352-332-083.  
President

STAPLE CHECK HERE