

# **2012 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B00000000305

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

**Entity Name:** CMS ENTREPRENEURIAL II ASSOCIATES, L.P.

**Current Principal Place of Business:**

C/O CMS AFFILIATED PARTNERSHIPS  
308 E. LANCASTER AVENUE, SUITE 300  
WYNNEWOOD, PA 19096

**New Principal Place of Business:**

**Current Mailing Address:**

C/O DONNA RITTERSHAUSEN, CMS COMPANIES  
308 E. LANCASTER AVENUE, SUITE 300  
WYNNEWOOD, PA 19096

**New Mailing Address:**

**FEI Number:** 23-3003878

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: F00000005520  
Name: MSPS ENTREPRENEURIAL II, INC.  
Address: 308 E. LANCASTER AVENUE, SUITE 300  
City-St-Zip: WYNNEWOOD, PA 19096

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: DONNA RITTERSHAUSEN

VP

04/16/2012

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date