

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 14, 2007**

**DOCUMENT # B03000000438**

1. Entity Name  
**MSPA ACQUISITION II, L.P.**



FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

07 JUL 18 PM 2:57

Principal Place of Business  
**1585 BROADWAY, 37TH FLOOR  
 NEW YORK, NY 10036**

Mailing Address  
**1585 BROADWAY, 37TH FLOOR  
 NEW YORK, NY 10036**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
**eloPyramid Advisors LLC**  
 Suite, Apt. #, etc.  
**One Post Office Square, Suite 3100**  
 City & State  
**Boston, MA**  
 Zip  
**02109**



06182007 Chg-LP CR2E003 (12/06)

4. FEI Number  
**20-0470510**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324**

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 \$900.00**  
**On or after September 14, 2007, Fee will be \$1000.00**

**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>M03000004233</b>	STREET ADDRESS	
NAME	<b>MSPA ACQUISITION II GP, L.L.C.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>1585 BROADWAY, 37TH FLOOR</b>		
CITY-ST-ZIP	<b>NEW YORK, NY 10036</b>		
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CITY-ST-ZIP			

**300106631663**  
**07/24/07-01042-002 \*\*900.00**  
**BLT**

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:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **Daniel C. Wicks** 6/21/07  
 Date: \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

STATE CHECK HERE