

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 30 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B04000000112

1. Entity Name
SAGE CAPITAL II, L.P.



Principal Place of Business
THE CORPORATION TRUST CENTER
1209 ORANGE STREET
WILMINGTON, DE 19801

Mailing Address
THE CORPORATION TRUST CENTER
1209 ORANGE STREET
WILMINGTON, DE 19801



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04172007 Chg-LP CR2E003 (12/06)

City & State

City & State

4. FEI Number
20-0661097

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DELISSER, PETER
665 S ORANGE AVENUE
SUITE 1A
SARASOTA, FL 34236-7503

Name

Street Address (P.O. Box Number is Not Acceptable)

665 S. Orange Avenue, Suite 3

City

Sarasota

FL

Zip Code

34236

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

Peter Delisser

4/24/07

Signature, typed or printed name of registered agent and title if applicable.

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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 # L03000054081
NAME SAGE CAPITAL MANAGEMENT, LLC
STREET ADDRESS 665 S ORANGE AVENUE SUITE 1A
CITY-ST-ZIP SARASOTA, FL 342367503

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS

CITY-ST-ZIP

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:

Peter Delisser Managing Member, Peter Delisser

4/24/07

(941) 952-1032

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE