2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DO NOT WRITE IN THIS SPACE

DOCUMENT # B04000000554

WINTER HAVEN VENTURE NO. TWO, L.P.



Principal Place of Business

16910 DALLAS PARKWAY, SUITE 100

DALLAS, TX 75248

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DALLAS, TX 75248

FILED Apr 28, 2008 08:00 AN Secretary of State



04172008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 20-1964342

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORNERSTONE MANAGEMENT & LEASING INC. 1936 SAN MARCO BLVD. JACKSONVILLE, FL 32207

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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 t	the State of Florida. I am familiar with, and accept
	the obligations of registered agent.	
		4/12/2

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. the form; an amendment must be filed to change a general partner.

NOTE: General Partners MAY NOT be changed or		
	12.	GENERAL PARTNER INFORMATION
	DOCUMENT .	M98000000748
	NAME	ST. IVES HOLDINGS LLC
	STREET ADDRESS	16910 DALLAS PARKWAY, SUITE 100
	CITY-ST-21P	DALLAS, TX 75248
	DOCUMENT #	
	NAME	
Ì	STREET ADDRESS	
-	CITY-ST-ZIP	
	DOCUMENT #	
	NAME	
	STREET ADDRESS	
	CITY-ST-ZIP	
	DOCUMENT #	

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

000000930777 05/21/08-80122-018 500.00

DATE

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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:

NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER