


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 APR 24 AM 10:56

DOCUMENT # B05000000550					
1. Entity Name LIVING WATER FUND II, LP					
Principal Place of Business 340 GIRALDA AVENUE STE 817E CORAL GABLES, FL 33134			Mailing Address 340 GIRALDA AVENUE STE 817E CORAL GABLES, FL 33134		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 20-3944582			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JENKINS, ROBERT 340 GIRALDA AVENUE STE 817E CORAL GABLES, FL 33134				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 _____ <small>Signature, typed or printed name of registered agent and entity, if applicable</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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					
DOCUMENT #	M04000000765				
NAME	ROBERT JENKINS TRADING LLC				
STREET ADDRESS	340 GIRALDA AVENUE STE 817E				
CITY- ST- ZIP	CORAL GABLES, FL 33134				
DOCUMENT #					
NAME					
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CITY- ST- ZIP					
13. ADDRESS CHANGES ONLY					
STREET ADDRESS					
CITY- ST- ZIP					
STREET ADDRESS		200074753932			
CITY- ST- ZIP		05/17/06--01012--028 **500.00			
STREET ADDRESS					
CITY- ST- ZIP					
STREET ADDRESS					
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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: <u>Robert C. Jenkins</u> 2/17/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					