

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

FILED

DOCUMENT # B05000000550

1. Entity Name  
LIVING WATER FUND II, LP



2007 MAR 22 AM 11:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 - No P.O. Box #  
3327 Ashmonte Drive

3. Mailing Address  
30 N. LaSalle St.,

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 3000

03082007 Chg-LP CR2E003 (12/06)

City & State  
Land O Lakes, FL

City & State  
Chicago, IL

4. FEI Number  
20-3944582

Applied For  
Not Applicable

Zip  
34638

Country  
USA

Zip  
60602

Country  
USA

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

**6. Name and Address of Current Registered Agent**

JENKINS, ROBERT  
340 GIRALDA AVENUE STE 817E  
CORAL GABLES, FL 33134

**7. Name and Address of New Registered Agent**

Name  
Allen Hargest

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

3327 Ashmonte Drive

City  
Land O Lakes

FL

Zip Code  
34638

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

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

3/16/07  
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**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
M04000000765  
ROBERT JENKINS TRADING LLC  
340 GIRALDA AVENUE STE 817E  
CORAL GABLES, FL 33134

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS  
CITY-ST-ZIP  
3327 Ashmonte Drive  
Land O Lakes, FL 34638

DOCUMENT #  
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CITY-ST-ZIP

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600095220406  
03/29/07--01019--025 \*\*500.00

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.

Allen Hargest, as Agent for Robert Jenkins, Manager

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/16/07

Date

Daytime Phone #

(813) 746-9292

STAPLE CHECK HERE