

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

07 APR 26 PM 12:43

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # B06000000295

1. Entity Name
 MCNAMARA FAMILY PARTNERS II, LTD.



Principal Place of Business
 6232 WYNFIELD COURT
 ORLANDO, FL 32819

Mailing Address
 6232 WYNFIELD COURT
 ORLANDO, FL 32819

2. Principal Place of Business - No P.O. Box #
 13906 W Colonial Dr

3. Mailing Address
 13906 W Colonial Dr

Suite, Apt. #, etc.

City & State
 Winter Garden FL

City & State
 Winter Garden FL

Zip
 34787

Country
 USA

Zip
 34787

Country
 USA

01232007 Chg-LP CR2E003 (12/06)

4. FEE Number
 59-3822692

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MASHBURN, ERIC S
 102 E. MAPLE STREET
 WINTER GARDEN, FL 34787

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

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 \$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 #	MCNAMARA, DONALD L	STREET ADDRESS	
NAME	6232 WYNFIELD COURT 13906 W Colonial Dr	CITY-ST-ZIP	LLP070003156-8
STREET ADDRESS	ORLANDO, FL 32819 Winter Garden FL 34787		05/02/07--01046--018 **500.00
CITY-ST-ZIP			
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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: Donald L. McNamara 4/5/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE