

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATION  
 08 MAR 13 AM 11:22

DOCUMENT # B0600000390  
 1. Entity Name  
 CRYOCARE II, L.P. Professional Cryo Associates, L.P.



Principal Place of Business  
 2601 KENTUCKY STREET  
 PAMPA, TX 79605

Mailing Address  
 2601 KENTUCKY STREET  
 PAMPA, TX 79605



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02082008 Chg-LP CR2E003 (12/06).

4. FEI Number  
 20-5513197

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

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, 2008, 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 #	F06000006614	STREET ADDRESS	
NAME	CRYOSOURCE, INC.	CITY-ST-ZIP	
STREET ADDRESS	2601 KENTUCKY STREET		
CITY-ST-ZIP	PAMPA, TX 79065		
DOCUMENT #		STREET ADDRESS	300118314533
NAME		CITY-ST-ZIP	02/19/08--01026--005 **500.00
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: *Shawn Dickler* 2/8/08 806-669-3402  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #