




FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 11 PM 1:58

DOCUMENT # B06000000478 1. Entity Name FOUNDING PARTNERS STABLE-VALUE FUND II, L.P.				SECRETARY OF STATE TALLAHASSEE, FLORIDA 08 APR 11 PM 1:58	
Principal Place of Business 5100 NORTH TAMiami TRAIL, SUITE 119 NEWGATE CENTER NAPLES, FL 34103		Mailing Address 5100 NORTH TAMiami TRAIL, SUITE 119 NEWGATE CENTER NAPLES, FL 34103			
2. Principal Place of Business - No P.O. Box # 5100 NORTH TAMiami TRAIL, Suite 110		3. Mailing Address 5100 NORTH TAMiami TRAIL, Suite 110			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04022008 Chg-LP CR2E003 (12/06)	
City & State		City & State		4. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NATIONAL CORPORATE RESEARCH, LTD., INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> DATE _____					
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 # NAME STREET ADDRESS CITY-ST-ZIP	P94000011946 FOUNDING PARTNERS CAPITAL MANAGEMENT CO 5100 NORTH TAMiami TRAIL, SUITE 119 NAPLES, FL 34103		STREET ADDRESS CITY-ST-ZIP	5100 NORTH TAMiami TRAIL SUITE 110	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	300122558703 04/08/08--01023--022 **508.75	
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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:  4-2-08 239-514-2900 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					