


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

<b>DOCUMENT # B97000000487</b> 1. Entity Name CEEBRAID-SIGNAL PORTFOLIO II, L.P.	
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FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

08 JUN -2 PM 12:41

Principal Place of Business C/O CEEBRAID-SIGNAL CORPORATION 250 SOUTH AUSTRALIAN AVENUE WEST PALM BEACH, FL 33401	Mailing Address C/O CEEBRAID-SIGNAL CORPORATION 250 SOUTH AUSTRALIAN AVENUE WEST PALM BEACH, FL 33401
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2. Principal Place of Business - No P.O. Box # <i>1801 S. Australian Ave</i>	3. Mailing Address <i>1801 S. Australian Ave</i>
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04102008 Chg-LP CR2E003 (12/06)

Suite, Apt. #, etc. City & State <i>West Palm Beach FL</i> Zip <i>33409</i>	Suite, Apt. #, etc. City & State <i>West Palm Beach FL</i> Zip <i>33409</i>
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4. FEI Number 65-0790452	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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**

**300130293163**  
**05/28/08--01002--005 \*\*500.00**

**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 #	F97000004856	STREET ADDRESS	<i>1801 S. Australian Ave</i>
NAME	CEEBRAID-SIGNAL II, INC.	CITY-ST-ZIP	<i>West Palm Beach FL 33409</i>
STREET ADDRESS	250 SOUTH AUSTRALIAN AVENUE		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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: *[Signature]* \_\_\_\_\_ DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE

BLT