2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2008
Secretary of State

DOCUMENT# L02000010719

Entity Name: WEALTH STRATEGY PARTNERS II, L.C.

Current Principal Place of Business:

1800 SECOND ST., STE. 758
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

1800 SECOND ST., STE. 758
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 30-0076966 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARVEY, ALTHOLTZ DR
1800 2ND ST - SUITE 758
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ______________________________

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	ALTHOLTZ, ADAM E MR	
Address:	1800 SECOND STREET, SUITE 758	
City-St-Zip:	SARASOTA, FL 34236	
Title:	MGRM	(X) Delete
Name:	ADAM, ALTHOLTZ E MR	
Address:	1800 2ND STREET - SUITE 758	
City-St-Zip:	SARASOTA, FL 34236	
Title:	MGRM	(X) Delete
Name:	ADAM, ALTHOLTZ E MR	
Address:	1800 2ND STREET - SUITE 758	
City-St-Zip:	SARASOTA, FL 34236	
Title:	MGRM	(X) Delete
Name:	ADAM, ALTHOLTZ E MR	
Address:	1800 2ND STREET - SUITE 758	
City-St-Zip:	SARASOTA, FL 34236	
Title:	MGRM	(X) Delete
Name:	ADAM, ALTHOLTZ E MR	
Address:	1800 2ND STREET - SUITE 758	
City-St-Zip:	SARASOTA, FL 34236	
Title:	MGRM	(X) Delete
Name:	ADAM, ALTHOLTZ E MR	
Address:	1800 2ND STREET - SUITE 758	
City-St-Zip:	SARASOTA, FL 34236	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ADAM ALTHOLTZ MGRM 02/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date