
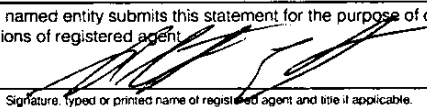


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 22, 2008 8:00 am**  
**Secretary of State**

02-22-2008 90010 031 \*\*\*150.00

<b>DOCUMENT # P01000099819</b>					
1. Entity Name FORT LAUDERDALE INVESTMENT PARTNERSHIP II, INC.					
Principal Place of Business 300 S.E. 2ND ST., 8TH FLOOR FT. LAUDERDALE, FL 33301			Mailing Address 300 S.E. 2ND ST., 8TH FLOOR FT. LAUDERDALE, FL 33301		
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
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JONES, PATRICIA 300 S.E. 2ND ST., 8TH FLOOR FT. LAUDERDALE, FL 33301				Name Robert Esposito	
				Street Address (P.O. Box Number is Not Acceptable) Stiles Corporation	
				300 SE 2nd Street	
				City Ft. Lauderdale	FL
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: 			Robert Esposito		January 31, 2008
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		DATE
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STILES, TERRY W		NAME		
STREET ADDRESS	300 S.E. 2ND ST., 8TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301		CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EAGON, DOUGLAS P		NAME		
STREET ADDRESS	300 S.E. 2ND ST., 8TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301		CITY-ST-ZIP		
TITLE	VS	<input checked="" type="checkbox"/> Delete	TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, PATRICIA		NAME	Esposito, Robert	
STREET ADDRESS	300 S.E. 2ND ST., 8TH FLOOR		STREET ADDRESS	300 SE 2nd Street	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301		CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMER, STEPHEN R		NAME		
STREET ADDRESS	300 S.E. 2ND ST., 8TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STINE, JAMES W		NAME		
STREET ADDRESS	300 S.E. 2ND ST., 8TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRERA, ROCCO		NAME		
STREET ADDRESS	300 S.E. 2ND ST., 8TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301		CITY-ST-ZIP		
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Terry W. Stiles		January 31, 2008 954-627-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

ATTACHMENT  
40029894  
# P01000099819  
UNIFORM BUSINESS REPORT

11. CONTINUED

TITLE: V ADDITION  
NAME: O'SHEA, DENNIS F.  
STREET ADDRESS: 300 SE 2<sup>nd</sup> St.  
CITY-ST-ZIP: Ft. Lauderdale, FL 33301

TITLE: ASSISTANT SECRETARY ADDITION  
NAME: FLOREK, DONNA  
STREET ADDRESS: 300 SE 2<sup>nd</sup> St.  
CITY-ST-ZIP: Ft. Lauderdale, FL 33301