

**2020 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A10000000067

**Entity Name:** ACORN FAMILY LIMITED PARTNERSHIP II, LLLP

**Current Principal Place of Business:**

4500 SALISBURY ROAD  
SUITE 420  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

4500 SALISBURY ROAD  
SUITE 420  
JACKSONVILLE, FL 32216 US

**FEI Number:** 27-1789144

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GONZALES, DAVID E  
4500 SALISBURY ROAD  
SUITE 420  
JACKSONVILLE, FL 32216 US

*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

**General Partner Detail :**

Document #

Name GONZALES, DAVID E

Address 4500 SALISBURY ROAD  
SUITE 420

City-State-Zip: JACKSONVILLE FL 32216

*I hereby certify that the information indicated on this report or supplemental 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 general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVID E. GONZALES

**MANAGING MEMBER**

**04/06/2020**

\_\_\_\_\_  
Electronic Signature of Signing General Partner Detail

\_\_\_\_\_  
Date