

# SECURITIES AND EXCHANGE COMMISSION

## FORM 3

Filing Date: **2006-08-03** | Period of Report: **2006-08-01**  
SEC Accession No. **0001308012-06-000158**

(HTML Version on [secdatabase.com](http://secdatabase.com))

### ISSUER

**DELAWARE INVESTMENTS MINNESOTA MUNICIPAL  
INCOME FUND II INC**

CIK: **895658** | IRS No.: **411737158** | State of Incorporation: **MN** | Fiscal Year End: **0930**

Mailing Address  
*ONE COMMERCE SQUARE  
2005 MARKET STREET  
PHILADELPHIA PA 19103*

Business Address  
*ONE COMMERCE SQUARE  
2005 MARKET STREET  
PHILADELPHIA PA 19103  
2152552127*

### REPORTING OWNER

**COYNE PATRICK P**

CIK: **1250722**  
Type: **3** | Act: **34** | File No.: **811-07420** | Film No.: **061001500**

Business Address  
*DELAWARE INVESTMENTS  
2005 MARKET STREET  
PHILADELPHIA PA 19103*

**FORM 3****UNITED STATES SECURITIES AND EXCHANGE  
COMMISSION**

Washington, D.C. 20549

## OMB APPROVAL

OMB Number: 3235-0104  
 Expires: 02/28/2011  
 Estimated average burden  
 hours per response 0.5

**INITIAL STATEMENT OF BENEFICIAL  
OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of  
 the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment  
 Company Act of 1940

1. Name and Address of Reporting Person  <b>COYNE PATRICK P</b>  (Last) (First) (Middle)  <b>C/O DELAWARE INVESTMENTS, 2005 MARKET STREET</b>  (Street)  <b>PHILADELPHIA, PA 19103</b>  (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/ Year)  <b>08/01/2006</b>	3. Issuer Name and Ticker or Trading Symbol  <b>DELAWARE INVESTMENTS MINNESOTA MUNICIPAL INCOME FUND II INC [VMM]</b>		
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below) <b>President and CEO</b>		5. If Amendment, Date Original Filed (Month/Day/Year)
				6. Individual or Joint/Group Filing (Check applicable line) <input checked="" type="checkbox"/> Form Filed by One Reporting Person <input type="checkbox"/> Form Filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
---------------------------------	--	---	---

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/ Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

**Signatures**/s/ Patrick P. Coyne

\*\* Signature of Reporting Person

08/03/2006

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

\* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

**Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.**