


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90253 002 ****50.00

DOCUMENT # L0000007841

1. Entity Name
VANGUARD PARTNERS II, LLC



Principal Place of Business
**1706 E. SEMORAN BLVD.
 SUITE 110
 APOPKA FL 32703**

Mailing Address
**% ROBSON DANIELS INC.
 P.O. BOX 1087
 MAITLAND FL 32794**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
**clo 250 Davisville Avenue
 Suite 108**

City & State
Toronto, Ontario

Zip Country
M4S 1H2 Canada



MOORE CR2E083 (11/03)

4. FEI Number **59-3656211**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**LISS, RONALD J
 127 STONE HILL DR
 MAITLAND, FL 32751**

7. Name and Address of New Registered Agent
 Name **Left Management Inc**
 Street Address (P.O. Box Number is Not Acceptable)
**clo The Park Apartments
 7528 Park Promenade Drive
 City Winter Park FL Zip Code 32792**

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 *S. Shanon* DATE **April 22, 2004**

Signature, typed or printed name of registration agent and use if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LISS, RONALD 127 STONE HILL DR. MAITLAND FL 32751	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mr. Shlomo Sharon 250 Davisville Avenue, Suite 108 Toronto, Ontario M4S 1H2 Canada	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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: *S. Shanon* DATE: **April 22, 2004** DAYTIME PHONE #: **(407) 482-8001 x-236**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Attachment



14024843

#L00000007841

June 28, 2004

Florida Department of State
Division of Corporations
P.O. Box 1300
Tallahassee, Florida
32302
Attention: Fictitious Name Registration

Dear Sir/Madame:

Re: Taft Management Inc. – Vanguard In Trust

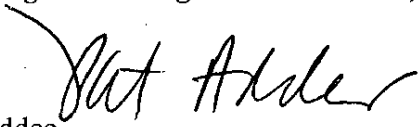
We are in receipt of your letter dated June 10, 2004, received in our office on June 28, 2004, along with our cheque #157 returned to us.

Please be advised that the completed application was forwarded to you on April 22, 2004 (copy of which is attached). We are enclosing once again, our cheque in the amount of \$50.00, representing the filing fee.

Trusting all is in order. If you require any additional information, please do not hesitate to contact the writer at (416) 482-8001 ext. 216 or e-mail at pata@taft-forward.com.

Yours truly,
TAFT MANAGEMENT INC.
Manager for Vanguard Partners II, LLC

Per:


Pat Addeo
Director, Accounting
/pa

Encl.

Attachment



14024843

RECEIVED MAY 1 11 2004

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 30, 2004

VANGUARD PARTNERS II, LLC
% 250 DAVISVILLE AVENUE
SUITE 108
TORONTO, ONTARIO, M4S 1-H2 CA

Subject: VANGUARD PARTNERS II, LLC

Reference Number: L00000007841

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the enclosed annual report/uniform business report is \$50.00. If a certificate of status is desired, please add an additional \$5.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CC
ANNUAL REPORTS SECTION

PROJECT	VA
COMPANY	
NO.	4035
AMOUNT	\$ 50.00
DATE	107877-9
FILE NO.	157
DATE	May 14/04

[Handwritten signature]