


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000000601
 1. Entity Name
STRATEGIC CROSSING PHASE II, L.L.C.



Principal Place of Business 17 WEST CEDAR STREET SUITE 3 PENSACOLA, FL 32501	Mailing Address P.O. BOX 12725 PENSACOLA, FL 32501
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03222006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3695067	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
BOOKMAN, ALAN B
 30 SOUTH SPRING STREET
 PENSACOLA, FL 32501

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2006**


9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NASH, NEAL B 6565 NORTH W STREET, SUITE 260 PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARR, JOHN S 17 WEST CEDAR STREET PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NICKELSON, ERIC J 3410 NORTH 18TH AVE. PENSACOLA, FL 32503
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 04/11/06-80036-011 50.00

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11. 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 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:  **NEAL NASH** 3-23-06 850-429-8640