


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

DO NOT WRITE IN THIS SPACE

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

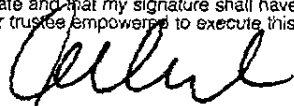
9. MANAGING MEMBERS/MANAGERS

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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