2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2005
Secretary of State

DOCUMENT# L04000027911

Entity Name: FIELDS OF DREAMS II LLC

Current Principal Place of Business:

C/O NASON, YEAGER, GERSON, ET AL
STE 1200
WEST PALM BEACH, FL 33401

New Principal Place of Business:

6534 ROCK CREEK DR
LAKE WORTH, FL 33467

Current Mailing Address:

C/O NASON, YEAGER, GERSON, ET AL
STE 1200
WEST PALM BEACH, FL 33401

New Mailing Address:

6534 ROCK CREEK DR
LAKE WORTH, FL 33467

FEI Number: 20-0982553 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ARMOUR, ALAN I II
1645 PALM BEACH LAKES BLVD, STE 1200
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: HEINE, CHRIS
Address: 6534 ROCK CREEK DR
City-St-Zip: LAKE WORTH, FL 33467

Title: MGRM ( ) Change (X) Addition
Name: SILAS, BILLY R
Address: 6160 KELLY WAY
City-St-Zip: LAKE WORTH, FL 33467

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CHRIS HEINE MGRM 05/04/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date