


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
May 08, 2006 8:00 am
Secretary of State

04-17-2006 90053 005 ****50.00

DOCUMENT # L05000068145			
1. Entity Name TIKAL REAL ESTATE HOLDING II, LLC			
Principal Place of Business 129 DUVAL STREET KEY WEST, FL 33040		Mailing Address 129 DUVAL STREET P.O. Box 1778 KEY WEST, FL 33040 33041	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent COLEMAN, WILLIAM T ESQ BRINKLEY, MCNERNEY, MORGAN, SOLOMON ET AL 200 EAST LAS OLAS BLVD. SUITE 1900 FORT LAUDERDALE, FL 33301		7. Name and Address of New Registered Agent Name <u>SCOTT G. OROPEZA, CPA</u> Street Address (P.O. Box Number is Not Acceptable) <u>815 PEACOCK PLAZA</u> City <u>KEY WEST</u> FL Zip Code <u>33040</u>	
4. FEI Number <u>266-60-9271</u> Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
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: <u>[Signature]</u> DATE: <u>4/12/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PRESIDENT</u> <input type="checkbox"/> Delete <u>GEORGE WEBB</u> <u>GEORGE CREIGHTON WEBB</u>	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"/> Delete <u>P.O. Box 1778</u> <u>Key West FL - 33041</u>	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"/> Delete <u>Sec. / treas.</u> <u>BARBARA WEBB</u> <u>P.O. Box 1778</u>	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"/> Delete <u>Key West FL - 33041</u>	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"/> Delete	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"/> Delete	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 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE: <u>4/12/06</u> <small>Date Daytime Phone #</small>	