

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
May 01, 2005
Secretary of State**

DOCUMENT# L04000068874

Entity Name: MEADOWS HOLDINGS II, LLC

Current Principal Place of Business:

4800 LINTON BOULEVARD
A201
DELRAY BEACH, FL 33445 US

New Principal Place of Business:

Current Mailing Address:

4800 LINTON BOULEVARD
A201
DELRAY BEACH, FL 33445 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

Name and Address of New Registered Agent:

DEREK A. SCHWARTZ, P.A.
1900 CORPORATE BOULEVARD
SUITE 225 WEST
BOCA RATON, FL 33431 US

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:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: MEADOWS, STEVE
Address: 4800 LINTON BOULEVARD, A201
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: MGRM (X) Change () Addition
Name: MEADOWS, STEVE
Address: 6318 NW 40TH COURT
City-St-Zip: BOCA RATON, FL 33496 US

Title: MGRM () Delete
Name: MEADOWS, MICHAEL
Address: 12 POPLAR LANE
City-St-Zip: COMACK, NY 11725 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: STEVE MEADOWS

MGRM

05/01/2005

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