

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L02000014628

1. Entity Name

EGRET POINT II, L.L.C.



FILED

06 FEB -3 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

7385 GALLOWAY ROAD
SUITE 200
MIAMI FL 33173

Mailing Address

7385 GALLOWAY ROAD
SUITE 200
MIAMI FL 33173

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

06-1639005

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MULLER, CHARLES E II
7385 GALLOWAY ROAD
SUITE 200
MIAMI FL 33173

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE * MGRM ☐ Delete
NAME DESANTIS, DEAN
STREET ADDRESS 799 SANCTUARY DRIVE
CITY-ST-ZIP BOCA RATON FL 33431

TITLE * VP ☐ Delete
NAME DESANTIS, LAURA
STREET ADDRESS 799 SANCTUARY DRIVE
CITY-ST-ZIP BOCA RATON FL 33431

TITLE * ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE * ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE * ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE * ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE * ☐ Change ☐ Addition
NAME
STREET ADDRESS 000067028640
CITY-ST-ZIP 03/03/06--01037--015 **450.00

TITLE * ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE * ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE * ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE * ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE * ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Debra Desantis

Laurea
Desantis

1-22-06

Date

Daytime Phone #

305-
670-6770