2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2006
Secretary of State

DOCUMENT# L03000043284

Entity Name: GEORGIA WIND II, LLC

Current Principal Place of Business:

245 RIVRESIDE AVE., STE. 500
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

245 RIVRESIDE AVE
SUITE 500 - ATTN. LEGAL DEPT.
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 20-0383184 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARX, CHRISTINE M
245 RIVRESIDE AVE., STE. 500
JACKSONVILLE, FL 32202 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/MANAGERS:

Title:	MGR	( ) Delete
Name:	REGAN, MICHAEL N	
Address:	245 RIVRESIDE AVE., STE. 500	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	MGR	( ) Delete
Name:	GOTTLIEB, JEFFREY S	
Address:	245 RIVRESIDE AVE., STE. 500	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	MGR	( ) Delete
Name:	SLAPPEY, BRADFORD A	
Address:	245 RIVRESIDE AVE., STE. 500	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	MGR	( ) Delete
Name:	DALY, MICHAEL J JR	
Address:	245 RIVRESIDE AVE., STE. 500	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	MGR	( ) Delete
Name:	SOLOMON, STEPHEN W	
Address:	245 RIVRESIDE AVE., STE. 500	
City-St-Zip:	JACKSONVILLE, FL 32202	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 Chapter 119, 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: MICHAEL N. REGAN MGR 04/11/2006

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