## **2004 LIMITED LIABILITY COMPANY**

## Aug 10, 2004 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # L00000013621 08-10-2004 90051 028 \*\*\*\*50.00 1. Entity Name FLORIDA INVESTMENT GROUP II, L.L.C. Principal Place of Business Mailing Address 151 REGIONS WAY 151 REGIONS WAY SUITE 4A SUITE 4A DESTIN, FL 32541. DESTIN, FL 32541 08052004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3678556 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HUSTON, GARY W DO NOT WRITE 125 WEST ROMANA STREET, SUITE 800 PENSACOLA, FL 32501 IN THIS SPACE 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 Filing Fee is \$50.00 Due by September 8, 2004 9. MANAGING MEMBERS/MANAGERS MGR TITLE TUFTS, ROBERT NAME 46 PINE CREST DR STREET ADDRESS CITY-ST-ZIP COVINGTON, LA 70433 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify 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 adcurate 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #