



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90016 017 ****50.00

DOCUMENT # L00000014038					
1. Entity Name COBBLESTONE II, LLC					
Principal Place of Business 909 3RD STREET EAST PALMETTO, FL 34221 US			Mailing Address 909 3RD STREET EAST PALMETTO, FL 34221 US		
2. Principal Place of Business 908 RIVIERA DUNESWAY Suite, Apt. #, etc.		3. Mailing Address 908 RIVIERA DUNESWAY Suite, Apt. #, etc.			
City & State PALMETTO, FL		City & State PALMETTO, FL			
Zip 34221		Country USA		4. FEI Number 59-3685207	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable		01112006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent HINES, JAMES P ESQ C/O HINES NORMAN & ASSOCIATES, P.L. 315 SOUTH HYDE PARK AVENUE TAMPA, FL 33606		7. Name and Address of New Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
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	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GILLIS, JOHN T		NAME		
STREET ADDRESS	909 3RD STREET EAST		STREET ADDRESS		
CITY-ST-ZIP	PALMETTO, FL 34221		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GILLIS, PATRICIA A		NAME		
STREET ADDRESS	909 3RD STREET EAST		STREET ADDRESS		
CITY-ST-ZIP	PALMETTO, FL 34221		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Patricia A. Gillis</i>		Date: 4/13/06		Daytime Phone #: 941-922-2316	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					