



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90083 024 \*\*\*\*50.00

<b>DOCUMENT # L01000002765</b> 1. Entity Name <b>INDIAN LAKE APARTMENTS PHASE II, L.L.C.</b>					
Principal Place of Business <b>4060 DANCING CLOUD COURT DESTIN, FL 32541</b>			Mailing Address <b>4060 DANCING CLOUD COURT DESTIN, FL 32541</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>1234 Airport Rd Suite 118</b>			
City & State <b>Destin, FL</b>		City & State <b>Destin, FL</b>		4. FEI Number <b>37-1448347</b>	
Zip <b>32541</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PETERMANN, RICHARD P 25 WALTER MARTIN ROAD NE SUITE 101 FT. WALTON BEACH, FL 32548</b>				7. Name and Address of New Registered Agent Name <b>Lowell B. Kelly</b> Street Address (P.O. Box Number is Not Acceptable) <b>1234 Airport Rd #118</b> City <b>Destin</b> <b>FL</b> Zip Code <b>32541</b>	
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 <b>Lowell B. Kelly</b> DATE <b>4-27-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR KELLY, LOWELL B 4060 DANCING CLOUD COURT DESTIN, FL 32541</b>	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1234 Airport Rd #118 Destin, FL 32541</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 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: <b>Lowell B. Kelly</b>		Date: <b>4-27-05</b>		Daytime Phone #: <b>850-654-9235</b>	