



**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000005034 1. Entity Name PAS LANCASTER II PROPERTY LLC		
Principal Place of Business 6433 PINECASTLE BLVD., STE #14 ORLANDO, FL 32809	Mailing Address 6433 PINECASTLE BLVD., STE #14 ORLANDO, FL 32809	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SKINNER, PAUL A III 6433 PINE CASTLE BLVD., STE #14 ORLANDO, FL 32809		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SKINNER, PAUL A III 909 JOHNS COVE LANE OAKLAND, FL 34787	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SKINNER, PAUL A JR 13043 SUNSHINE CIRCLE CLERMONT, FL 34711	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>12/4/05</u> Daytime Phone # <u>407/859-8890</u>



01042006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3711066	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

U000000381089
01/11/06-80040-010 50.00

**DO NOT WRITE
IN THIS SPACE**