



2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L01000007053					
1. Entity Name BIG BEND TOWERS II, LLC					
Principal Place of Business 2888 REMINGTON GREEN LN STE C TALLAHASSEE, FL 32308			Mailing Address 2888 REMINGTON GREEN LN STE C TALLAHASSEE, FL 32308		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3715938	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BRENNIS, JOHN E 227 S. CALHOUN ST. TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent 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 _____					
Amended AR is \$50.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BIG BEN TOWERS I, LLC 2888 REMINGTON GREEN LN STE C TALLAHASSEE, FL 32308		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONTINENTAL CASSION, INC 2011 GEES MILL RD. CONYERS, GA 30013		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Sky Top Properties, LLC 2011 Gees Mill Rd Conyers GA 30013	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	600037664456 06/04/04--01032--008 **50.00	
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)(l), 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:  Bradley Harvell 04/19/04 (850) 222-7320					

FILED

04 MAY 21 PM 4:12

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM



04192004 Chg-LLC CR2E083 (10/03)

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Applied For
Not Applicable

FL Zip Code

Make check payable to
Florida Department of State

600037664456
06/04/04--01032--008 **50.00