2006 LIMITED LIABILITY COMPANY

Mar 16, 2006 8:00 am Secretary of State **ANNUAL REPORT** 03-16-2006 90024 003 ****50.00 DOCUMENT # L01000011768 1. Entity Name KEOWEE PROPERTIES II, LLC ~~~~0040 Mailing Address Principal Place of Business 1700 S. MACDILL AVE 1700 S. MACDILL AVE STE 220, STE 220 TAMPA, FL 33629 **TAMPA, FL 33629** 02012006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3731359 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MURRAY, MICHAEL S DO NOT WRITE 1700 S. MACDILL AVE-STE 220 TAMPA, FL 33629 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. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MGR TITLE MURRAY, MICHAEL S NAME 1700 S. MACDILL AVE-STE 220 STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33629 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY+ST-ZIP TITLE NAME STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEM SER. OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

FILED