2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # L02000012225 MANGONE & SONS INVESTMENTS II, LLC

Principal Place of Business Mailing Address

4801 W. HILLSBORD BLVD. COCONUT CREEK, FL 33073 4801 W. HILLSBORO BLVD. COCONUT CREEK, FL 33073

FILED Feb 27, 2006 08:00 AM **Secretary of State**



DO NOT WRITE IN THIS SPACE

01092005 No Chg-LLC CR2I3083 (11/05)

4. FEI Number 55-0786380

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Daytime Pt and £

6. Name and Address of Current Registered Agent

MANGONE, MARIO 4801 W. HILLSBORO BLVD. COCONUT CREEK, FL 33073

SIGNATURE

DO NOT WRITE IN THIS SPACE

		114 11	IIIO OI AOL
	named entity submits this statement for the purpose of chan- lons of registered agent.	ging its registered office or registered agent, or both,	in the State of Florida. I am familiar with, and eccept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Fi	iling Fee is \$50.00 ue by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANGONE, MARIO 6435 N.W. 74TH TERRACE PARKLAND, FL 33007		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000447612 03/48/96-80064-001 50.00
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TITLE MAME SIRRELADDRESS CITY-ST-ZIP		INT	HIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
tiple Name Sireet address			

11. I hereby certify that the information supplied with this filting 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 m imber or manager of the limited liability company or the receiver or true empowered to execute this report as required by Chapter 608, Florida Statutes.

GNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE