


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000024571 1. Entity Name SILVER TONGUE II, L.L.C.		
Principal Place of Business ONE INDEPENDENT DRIVE, SUITE 3201 JACKSONVILLE, FL 32202	Mailing Address ONE INDEPENDENT DRIVE, SUITE 3201 JACKSONVILLE, FL 32202	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CHUNN, DOUGLAS D ONE INDEPENDENT DRIVE, SUITE 3201 JACKSONVILLE, FL 32202		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 _____ (NOTE: Registered Agent signature required when reinstalling) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHUNN, DOUGLAS D ONE INDEPENDENT DRIVE, SUITE 3201 JACKSONVILLE, FL 32202	
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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: <u>Douglas D. Chunn</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<u>Mar. Member</u> <small>Date</small> <u>4-19-06</u> <small>Daytime Phone #</small> <u>904-355-8800</u>



04192006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
41-2060703

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**