


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90029 007 ****50.00

DOCUMENT # L02000027730	
1. Entity Name SOUTHPOINTE II, LLC	

Principal Place of Business 7901 SW 6 CT STE 150A PLANTATION, FL 33324	Mailing Address 7901 SW 6 CT STE 150A PLANTATION, FL 33324
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2. Principal Place of Business 8211 W. BROWARD BLVD Suite, Apt. #, etc. SUITE PH-2	3. Mailing Address 8211 W. BROWARD BLVD Suite, Apt. #, etc. SUITE PH-2
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01302006 Chg-LLC CR2E083 (11/05)

City & State PLANTATION, FL	City & State PLANTATION, FL
Zip 33324	Country
Zip 33324	Country

4. FEI Number 41-2065257	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required <input type="checkbox"/>
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6. Name and Address of Current Registered Agent GARDNER, PETER C 7901 SW 6 CT STE 150A PLANTATION, FL 33324	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	8211 W. BROWARD BLVD PH-2
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 Peter C Gardner DATE 3/13/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARDNER, FRANK C <input checked="" type="checkbox"/> Delete 7901 SW 6 CT, STE 150A PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRISCOLL, W. JOHN <input checked="" type="checkbox"/> Delete FIRST NAT'L BK BLDG ST PAUL, MN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input type="checkbox"/> Delete FITZGERALD, LUCETTE 7901 SW 6 CT, STE 150 PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete GARDNER, PETER C 7901 SW 6 CT, STE 150A PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8211 W. BROWARD BLVD PH-2 PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8211 W. BROWARD BLVD PH-2 PLANTATION, FL 33324
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"/> Change <input type="checkbox"/> Addition

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: Peter C Gardner DATE: 3/13/06 954 727-9335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #