

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000013599

1. Entity Name

FOREST ESTATES DEVELOPMENT II, LLC



Principal Place of Business

**4314 PABLO OAKS COURT
JACKSONVILLE, FL 32224**

Mailing Address

**4314 PABLO OAKS COURT
JACKSONVILLE, FL 32224**



02142006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
NOT APPLICABLE**

**Applied For
Not Applicable**

5. Certificate of Status Desired

☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TOOMEY, MARY
4314 PABLO OAKS COURT
JACKSONVILLE, FL 32224**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**
**MGRM
LANDCOM HOSPITALITY MANAGEMENT, INC.
4314 PABLO OAKS COURT
JACKSONVILLE, FL 32224**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
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CITY-ST-ZIP**

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CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**000000434440
02/25/06-80002-007 50.00**

**DO NOT WRITE
IN THIS SPACE**

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 609, Florida Statutes.

SIGNATURE:

Mary A. Toomey

MARY A. TOOMEY

2-14-06

904.614.2198

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #