

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000020471

Entity Name: LEHIGH OAKS II, L.L.C.

FILED  
Apr 26, 2006  
Secretary of State

**Current Principal Place of Business:**

1520 ROYAL PALM SQUARE BLVD., STE. 360  
FORT MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

1520 ROYAL PALM SQUARE BLVD., STE. 360  
FORT MYERS, FL 33919

**New Mailing Address:**

FEI Number: 41-2098887

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ARNOLD, BOWEN A ESQ  
1520-320 ROYAL PKWY SE BLVD  
FORT MYERS, FL 33919 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: NATIONAL DEVELOPMENT, OF AMERICA, L L  
Address: 1520 360 ROYAL PALM SQ, BLVD  
City-St-Zip: FORT MYERS, FL 33919

Title: MGRM ( ) Delete  
Name: LEE COUNTY HOUSING D, DEVELOPMENT COR P .  
Address: 1288 N TAMiami TRAIL  
City-St-Zip: FORT MYERS, FL 33901

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BOWEN A. ARNOLD

MGMR

04/26/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date