2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 18, 2005 08:00 AM **DOCUMENT # L03000020536** 1. Entity Name PHILIP DOBSON PROPERTIES II, LLC **Secretary of State** Principal Place of Business Mailing Address 3300 WEST VILLA ROSA ST. 3300 WEST VILLA ROSA ST. TAMPA, FL 33611 TAMPA, FL 33611 %B,/,,,,1/29& CR2E083 (10/03) 01172005No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 81-0616689 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE DOBSON, PHILIP C 3300 WEST VILLA ROSA ST. TAMPA, FL 33611 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, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) Filing Fee is \$50.00 Duc by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. P TITLE DOBSON, PHILIP C NAME 3300 W VILLA ROSA ST STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33611 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MANAG STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CBY-ST-7P TIBLE NAME STREET ACCRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

NAME STREET ADDRESS City-St-ZIP