## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

STREET ADDRESS CTTY-ST-ZIP

SIGNATURE:

## Mar 16, 2006 08200 AM Secretary of State **DOCUMENT # L03000027277** UA HERON BAY HOLDINGS II. LLC Mailing Address Principal Place of Business 902 CLINT MOORE ROAD 902 CLINT MOORE ROAD SUITE 220 SUITE 220 BOCA RATON, FL 33487 **BOCA RATON, FL 33487** CR2E083 (11/05) 02242006 No Chg-LLC Applied For 4. FEI Number 47-6930683 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 U00000469932 03/27/06-80022-011 **50.00** 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 the fi applicable. (NOTE Registered Agent signature required which reinstiting DATE Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. TITLE MGR WHITESTAR ADVISORS, LLQ NAME 902 CLINT MOORE ROAD STREET ADDRESS CHY-ST-IN BOCA RATON, FL 33487 TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE . NAME STITEET ADDITESS PROJ //555 BY DATE 2/27/06 ACCT 8045 AVT. 50.00 INV 5/1/06 PERIOD CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP RE annual repor mie NAME STREET ADDRESS CHTY-87-ZIP 7M F NAME

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 it made under eath; that i am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 638, Florida Statutes.

PRINTED HAME OF SIGHING MANAGING MEMBER, OF AUTHORIZED REPRESENTATIVE

**FILED**