

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000027477

FILED
Apr 28, 2006
Secretary of State

Entity Name: LAMAR LAND HOLDINGS II, LLC

Current Principal Place of Business:

7370 N.W. 35 COURT
LAUDERHILL, FL 33319

New Principal Place of Business:

10097 CLEARY BLVD
273
PLANTATION, FL 33324

Current Mailing Address:

P.O. BOX 190273
FT. LAUDERDALE, FL 33319

New Mailing Address:

10097 CLEARY BLVD
273
PLANTATION, FL 33324

FEI Number: 57-1180124

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIEGEL, LAWRENCE
7370 N.W. 35 COURT
LAUDERHILL, FL 33319 US

Name and Address of New Registered Agent:

SIEGEL, LAWRENCE
12021 N.W. 4 STREET
PLANTATION, FL 33325 US

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: LAWRENCE SIEGEL

04/28/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SIEGEL, LAWRENCE
Address: 7370 N.W. 35 COURT
City-St-Zip: LAUDERHILL, FL 33319

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SIEGEL, LAWRENCE
Address: 12021 N.W. 4 STREET
City-St-Zip: PLANTATION, FL 33325

Title: MGR () Change (X) Addition
Name: SIEGEL, ALISON A
Address: 12021 N.W. 4 STREET
City-St-Zip: PLANTATION, FL 33325

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: ALISON SIEGEL

MGR

04/28/2006

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