
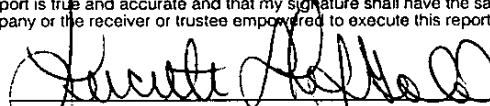


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90029 047 \*\*\*\*50.00

<b>DOCUMENT # L03000030351</b> 1. Entity Name <b>DFG II, LLC</b>			
Principal Place of Business <b>7901 SW 6TH CT, STE 150 PLANTATION, FL 33324</b>		Mailing Address <b>7901 SW 6TH CT, STE 150 PLANTATION, FL 33324</b>	
2. Principal Place of Business <b>8211 W. Broward Blvd. PH2 Plantation, FL 33324</b>		3. Mailing Address <b>8211 W. Broward Blvd. PH2 Plantation, FL 33324</b>	
4. FEI Number <b>05-0582335</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GARDNER, PETER C 401 SW 6 CT # 150 PLANTATION, FL 33325</b>		7. Name and Address of New Registered Agent Name _____ Street Address <b>8211 W. Broward Blvd.</b> <b>PH 2</b> City <b>Plantation, FL 33324</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>GARDNER, PETER C</b> <b>7901 SW 6 CT STE 150</b> <b>PLANTATION, FL 33324</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>8211 W. Broward Blvd.</b> <b>PH 2</b> <b>Plantation, FL 33324</b> <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>FITZGERALD, LUEETTE</b> <b>7901 SW 6 CT STE 150</b> <b>PLANTATION, FL 33324</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>8211 W. Broward Blvd.</b> <b>PH 2</b> <b>Plantation, FL 33324</b> <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 608, Florida Statutes.			
<b>SIGNATURE:</b> 		Date <b>4/27/06</b> Daytime Phone # <b>954 2793325</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			