

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000030912

FILED
Apr 30, 2006
Secretary of State

Entity Name: NEWELL PROPERTIES II, LLC

Current Principal Place of Business:

9390 TRIANA TERR
UNIT #4
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

9390 TRIANA TERR
UNIT #4
FORT MYERS, FL 33912

New Mailing Address:

FEI Number: 20-0179227

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWELL, STEVE L MGR
9390 TRIANA TERR
UNIT #4
FORT MYERS, FL 33912 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: MGR () Delete
Name: NEWELL PROPERTIES, L, LC
Address: 9390 TRIANA TERR UNIT #4
City-St-Zip: FORT MYERS, FL 33912

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

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

ADDITIONS/CHANGES:

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

Title: MGRM () Change (X) Addition
Name: NEWELL, STEVE L PRES
Address: 9390 TRIANA TERR UNIT #4
City-St-Zip: FORT MYERS, FL 33912 US

Title: MGRM () Change (X) Addition
Name: NEWELL, DEBRA A VP
Address: 9390 TRIANA TERR UNIT #4
City-St-Zip: FORT MYERS, FL 33912 US

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: STEVE NEWELL

MGRM

04/30/2006

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