

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 07, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       |                                                              |                                                                                                                                          |                                                        |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # L03000037379</b><br>1. Entity Name<br><b>F RTP-II, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                       |                                                              |                                                                                                                                          |                                                        |                                                                   |
| Principal Place of Business<br><b>2250 LUCIEN WAY, STE. 200<br/>MAITLAND, FL 32751</b>                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       |                                                              | Mailing Address<br><b>2250 LUCIEN WAY, STE. 200<br/>MAITLAND, FL 32751</b>                                                               |                                                        |                                                                   |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                                              | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                                                |                                                        |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                       |                                                              | City & State                                                                                                                             |                                                        |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       | Country                                                      |                                                                                                                                          | Zip                                                    |                                                                   |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       | Country                                                      |                                                                                                                                          | 03212006 Chg-LLC CR2E083 (11/05)                       |                                                                   |
| 4. FEI Number<br><b>04-3779869</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       |                                                              |                                                                                                                                          | Applied For<br><input type="checkbox"/> Not Applicable |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |                                                              |                                                                                                                                          | <b>\$5.00</b> Additional Fee Required                  |                                                                   |
| 6. Name and Address of Current Registered Agent<br><br><b>DANA, ANITA<br/>2250 LUCIEN WAY, STE. 200<br/>MAITLAND, FL 32751</b>                                                                                                                                                                                                                                                                                                                                                                           |                                                                       |                                                              | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |                                                        |                                                                   |
| 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<br/>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       | <b>Make check payable to<br/>Florida Department of State</b> |                                                                                                                                          |                                                        |                                                                   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       |                                                              | <b>10. ADDITIONS/CHANGES</b>                                                                                                             |                                                        |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGR<br>DANA, ANITA<br>2250 LUCIEN WAY, STE. 200<br>MAITLAND, FL 32751 | <input type="checkbox"/> Delete                              |                                                                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Delete                              |                                                                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Delete                              |                                                                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Delete                              |                                                                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Delete                              |                                                                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Delete                              |                                                                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       |                                                              |                                                                                                                                          | 3/29/06 407-660-1717                                   |                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                                              |                                                                                                                                          | Date Daytime Phone #                                   |                                                                   |