

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90018 033 ****50.00

DOCUMENT # L03000042327

1. Entity Name
BAMA II, LLC



Principal Place of Business
4532 U.S. HIGHWAY 19, 2ND FL
NEW PORT RICHEY, FL 34652

Mailing Address
4532 U.S. HIGHWAY 19, 2ND FL
NEW PORT RICHEY, FL 34652



2. Principal Place of Business

7916 Evolutions Way

3. Mailing Address

7916 Evolutions Way

Suite, Apt. #, etc.

Suite 106

Suite, Apt. #, etc.

Suite 106

City & State

Trinity, FL

City & State

Trinity, FL

Zip

34655

Country

USA

Zip

34655

Country

USA

03312006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

59-3601238

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRUMBLY, ALLEN S
4532 U.S. HIGHWAY 19, 2ND FL
NEW PORT RICHEY, FL 34652

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE P
NAME CRUMBLY, ALLEN S
STREET ADDRESS 4532 US HWY 19 2ND FL
CITY-ST-ZIP NEW PORT RICHEY, FL 34652 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS 7916 Evolutions Way, Suite 106
CITY-ST-ZIP Trinity, FL 34655 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 606, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-31-06