2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000044984 .

1. Entity Name DUNDAS II, LLC

FILED Apr 21, 2006 08:00 AM Secretary of State

Principal Place of Business

6803 OLD KINGS ROAD S. JACKSONVILLE, FL 32217 Mailing Address

6803 OLD KINGS ROAD S. JACKSONVILLE, FL 32217



04102008 No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

SKINNER, A.C. JR. 6803 OLD KINGS ROAD S. JACKSONVILLE, FL 32217

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6. The above the obliga	named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or regis	ered agent, or both, in the State of Florida. I am lamiliar with, and accept
SIGNATURE	Signature, typed or portiod name of registered agent and title if applicable.	(NOTE: Registered Agent signature requi	ed when reinstating! GATE
F	lling Fee is \$50.00 ue by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SKINNER, A C JR 6803 OLD KINGS ROAD SOUTH JACKSONVILLE, FL 32217	·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000524004 05/03/06-80093-014 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE
TITLE NAME SIRRET ADDRESS CITY-ST-ZP			IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-SI-ZIP			
TITLE NAME STREET ADDRESS GITY-SY-ZP	,		

11. I hereby certify that the information supplied with this filling 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 path; that I am a managing mumber or manager of the fimilited liability company or the receiver of trustee empowered to execute this report as required by Chapter 508, Florida Statutes.