

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90127 044 ****50.00

DOCUMENT # L03000050611					
1. Entity Name LONGBOAT KEY PARTNERS II, L.L.C.					
Principal Place of Business 1401 MANATEE AVE W STE 510 BRADENTON, FL 34205			Mailing Address 1401 MANATEE AVE W STE 510 BRADENTON, FL 34205		
2. Principal Place of Business <i>1401 Manatee Ave W</i>		3. Mailing Address <i>1401 Manatee Ave W</i>			
Suite, Apt. #, etc. <i>Suite 500</i>		Suite, Apt. #, etc. <i>Suite 500</i>			
City & State <i>Bradenton FL</i>		City & State <i>Bradenton FL</i>			
Zip <i>34205</i>	Country <i>USA</i>	Zip <i>34205</i>	Country <i>USA</i>		
4. FEI Number 20-0453813			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent NORTON, SAM D 1819 MAIN ST, STE 610 SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BLUEWATER DEVELOPMENT OF SARASOTA, LLC 328 SOUTH SHORE DR SARASOTA, FL 34234		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	
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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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
SIGNATURE: <i>Carolyn Mauro</i>			Date: <i>4-28-05</i> (941) 708-9220		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

Carolyn Mauro