

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000050802 1. Entity Name CAGAN ENTERPRISES II, LLC	
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Principal Place of Business 4304 FAWN MEADOW CIRCLE CLERMONT, FL 34711	Mailing Address 4304 FAWN MEADOW CIRCLE CLERMONT, FL 34711
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DO NOT WRITE IN THIS SPACE



02042005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 20-0472645	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**CAGAN, ISADORE
4304 FAWN MEADOW CIRCLE
CLERMONT, FL 34711**

**DO NOT WRITE
IN THIS SPACE**

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

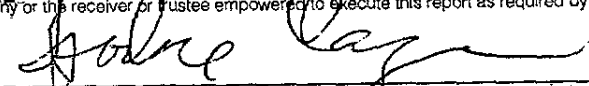
**Filing Fee is \$50.00
Due by May 1, 2005**

U00000226174
02/12/05-80005-006 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAGAN, ISADORE 4304 FAWN MEADOW CIRCLE CLERMONT, FL 34711
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **2/9/05 407-468-0794**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #