

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90162 006 ****50.00

DOCUMENT # L03000053092

1. Entity Name

LYNNELL, II, L.L.C.



Principal Place of Business

999 CAXAMBAS DRIVE
 MARCO ISLAND FL 34145

Mailing Address

999 CAXAMBAS DRIVE
 MARCO ISLAND FL 34145

24029596



MOORE CR2E083 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

13-4271750

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HENDRY, HARRY O ESQ
 2242 MAIN STREET
 FORT MYERS FL 33901

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR Delete
 NAME: WASHBUM, LYNNE W TRUSTEE
 STREET ADDRESS: 999 CAXAMBAS DRIVE
 CITY-ST-ZIP: MARCO ISLAND FL 34145

TITLE: Delete
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10. ADDITIONS / CHANGES

TITLE: Change Addition
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 CITY-ST-ZIP:

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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:

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

Date

Daytime Phone #

Lynne W. Washburn *Lynne W. Washburn* 3-25-04