


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000053092
 1. Entity Name
LYNNELL, II, L.L.C.



Principal Place of Business Mailing Address
999 CAXAMBAS DRIVE **999 CAXAMBAS DRIVE**
MARCO ISLAND, FL 34145 **MARCO ISLAND, FL 34145**

DO NOT WRITE IN THIS SPACE



02122006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 13-4271750	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

WASHBURN, LYNNE W
999 CAXAMBAS DRIVE
MARCO ISLAND, FL 34145

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WASHBURN, LYNNE W TRUSTEE 999 CAXAMBAS DRIVE MARCO ISLAND, FL 34145
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 02/27/06-80016-010 50.00

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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]* **2-13-06** **239.542.8712**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #