
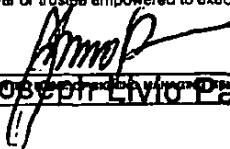


FILED  
May 23, 2005 8:00 am  
Secretary of State

05-02-2005 90113 021 \*\*\*\*55.00

2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

<b>DOCUMENT # L04000007943</b>			
1. Entity Name <b>RAPHAEL II, LLC</b>			
Principal Place of Business <b>C/O GULF BAY INVESTMENTS 3470 CLUB CENTER BLVD NAPLES, FL 34114</b>		Mailing Address <b>C/O GULF BAY INVESTMENTS 3470 CLUB CENTER BLVD NAPLES, FL 34114</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		01062005 Chg-LLC CR2E083 (10/03)	
4. FEI Number <b>51-0505963</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>WOODWARD, MARK J. C/O WOODWARD, PIRES &amp; LOMBARDO, P.A. 3200 TAMiami TRAIL NORTH, STE 200 NAPLES, FL 33410</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
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	<b>MBR Sunnymede Farm II, LP 3470 Club Center Boulevard Naples, FL 34114</b> <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
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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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
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: 		4/14/05 (23A) 732-9400	
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT, MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	