

UPDATED PER LETTER OF 5/11

FILED
Jun 13, 2005 8:00 am
Secretary of State

05-03-2005 90028 036 ****50.00

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000012109

1. Entity Name
THE GRAND OAK VILLAGE II, LLC



30009335

Principal Place of Business
PO BOX 579
OSPREY, FL 34229-0579

Mailing Address
PO BOX 579
OSPREY, FL 34229-0579



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03312005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
20-0875532

20 Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASTELLANO, NELSON T.
101 E KENNEDY BLVD, STE 2700
TAMPA, FL 33602

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

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



9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
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
MANAGING MEMBER HENRY RODRIGUEZ PO BOX 579 OSPREY, FL 34229			
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: [Signature] 4/28/05 991-966-9188
DATE: 4/28/05

ATTACHMENT

404000012409/30009335

The attached copy of our report is amended to include the title of Mr. Rodriguez as Managing Member.

Please let us know if there are any other items we need to update.

Regards,

A handwritten signature in black ink, appearing to be 'Bill Straw', written in a cursive style.

Bill Straw