2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 03, 2005 8:00 am Secretary of State

DOCUMENT # L04000013128 1. Entity Name DANNHEISSER FAMILY INVESTMENTS II, L.L.C.								02-03-2005	90111 023 **	***50.1	00
Principal Place of Business "504 NORTH BAYLEN STREET PENSACOLA, FL 32501 US Mailing Address 504 NORTH BAYLEN STREE PENSACOLA, FL 32501							* 140/FB() 3 0	afni riki edin util cu	 Iki ac itel kie aa liial ke		11 lik k er i
2. Principal Pla	ace of Busin	ess	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01192005	Chg-LLC	CR2E083 (10/03)	
City & State			City & State				4. FE Number	°-0772	879		lied For Applicable
Zip		Country	Zip	Coun	itry			of Status Desired	□ Fee	00 Addit Required	ional
6. Name and Address of Current Registered Agent Name							7. Name and	Address of New	Registered Ager	<u> </u>	
DANNHEISSER, MATT-E 504 NORTH BAYLEN STREET PENSACOLA, FL 32501					Street Address (P.O. Box Number is Not Acceptable)						
l					City				FL	Zip Code	l
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 Make check payable to Florida Department of State											
9.		MANAGING MEMBI		10.	7.	i. ;		ADDITIONS	CHANGES .		
'title	MRG		☐ Delete	TITL	E	MR				Change	Addition
NAME STREET ADDRESS		ISSER, THOMAS V NTEIGNE DRIVE		NAM: Stre				sser, Bertram V., III dden Oaks Trail			
CITY-ST-ZIP		OLA, FL 32504	CIT		r-ST-ZIP		rasota				
TITLE	MGR		Delete	TITL	E	MG				Change	Addition Addition
NAME NAME		ISSER, KAREN S		NAME Street Addre			annheisser, Debra Land				
STREET ADDRESS CITY-ST-ZIP		NTEIGNE DRIVE OLA, FL 32504		CITY ST. 7IP			927 Hidden Oaks Trail				
TITLE NAME STREET ADDRESS			De <u>te</u> te	NAM	LE ME LEET ADDRESS	_50	Lasoca			Change	Addition
CITY-ST-ZIP		·-			Y+ST-ZIP						
TITLE NAME STREET ADDRESS			☐ Delete		ME LEET ADDRESS		· ·			Change	Addition
CITY-ST-ZIP					Y-ST-ZIP					Channi	T Address
TITLE			☐ De lete	TIM ONAL	· I				L	Change	Addition
STREET ADDRESS				. 0	IEET ADDRESS					1	İ
CITY-ST-ZIP			·	CIT	Y-ST-ZIP						4
TITLE			☐ De lete	y In						Change	Addition
NAME STREET ADORESS		-		NAI STE	NE Reet address						i
CITY-ST-ZIP					Y-ST-ZIP						
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 hystee empowered to execute this report as required by Chapter 608, Florida Statutes. Signature:											

E:

Bertram V. Dannheisser, III

ATURE AND TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Managex