

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000013524

**FILED**  
**Apr 27, 2006**  
**Secretary of State**

**Entity Name:** FANTASY INVESTMENTS II, LLC

**Current Principal Place of Business:**

1236 SOUTH 3RD STREET  
JACKSONVILLE BEACH, FL 32250 US

**New Principal Place of Business:**

**Current Mailing Address:**

1236 SOUTH 3RD STREET  
JACKSONVILLE BEACH, FL 32250 US

**New Mailing Address:**

**FEI Number:** 51-0498063

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROBERT C COHEN, PA  
301 S. MILWEE STREET  
LONGWOOD, FL 32750 US

**Name and Address of New Registered Agent:**

CEBECK, KEVIN  
1326 SOUTH 3RD STREET  
JACKSONVILLE BEACH, FL 32250 US

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.

SIGNATURE: KEVIN CEBECK

04/27/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM (X) Delete  
Name: LATIFF, MARK D  
Address: 4401 WORTH DRIVE E.  
City-St-Zip: JACKSONVILLE BEACH, FL 32207 US

Title: MGR ( ) Delete  
Name: SIMPSON, KAREN C  
Address: 132 KINGSTON DRIVE  
City-St-Zip: ST. AUGUSTINE, FL 32084 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KAREN SIMPSON

MGR

04/27/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date