


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000022904
1. Entity Name
WYNNE CAPITAL II, LLC



Principal Place of Business
8000 SOUTH US ONE, STE. 402
PRT ST. LUCIE, FL 34952

Mailing Address
8000 SOUTH US ONE, STE. 402
PRT ST. LUCIE, FL 34952

DO NOT WRITE IN THIS SPACE



01122006No Chg-LLC CR2E083 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FEE, FRANK H III
401 SOUTH INDIAN RIVER DRIVE
FORT PIERCE, FL 34950

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WYNNE, ERIC P 8000 SOUTH US ONE, STE. 402 PORT ST LUCIE, FL 34952
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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 608, Florida Statutes.

SIGNATURE: Eric P. Wynne Eric P. Wynne 1/25/06 (772) 878-5513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #