

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000027911

FILED
Mar 03, 2006
Secretary of State

Entity Name: FIELDS OF DREAMS II LLC

Current Principal Place of Business:

6534 ROCK CREEK DR
LAKE WORTH, FL 33467

New Principal Place of Business:

1172 S. HARBOR DRIVE
SINGER ISLAND, FL 33404

Current Mailing Address:

6534 ROCK CREEK DR
LAKE WORTH, FL 33467

New Mailing Address:

1172 S. HARBOR DRIVE
SINGER ISLAND, FL 33404

FEI Number: 20-0982553

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARMOUR, ALAN I II
1645 PALM BEACH LAKES BLVD, STE 1200
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HEINE, CHRIS
Address: 6534 ROCK CREEK DR
City-St-Zip: LAKE WORTH, FL 33467

Title: MGRM () Delete
Name: SILAS, BILLY R
Address: 6160 KELLY WAY
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HEINE, CHRIS
Address: 1172 S. HARBOR DRIVE
City-St-Zip: SINGER ISLAND, FL 33404

Title: MGRM (X) Change () Addition
Name: SILAS, BILLY R
Address: 1250 GATEWAY ROAD
City-St-Zip: LAKE PARK, FL 33403

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: CHRIS HEINE

MGRM

03/03/2006

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