


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L04000031128</b> 1. Entity Name <b>SUMMER LAKES APARTMENTS II, LLC</b>					
Principal Place of Business <b>THE BRANDYWINE CENTRE 1 580 VILLAGE BLVD., STE. 120 WEST PALM BEACH, FL 33409</b>			Mailing Address <b>THE BRANDYWINE CENTRE 1 580 VILLAGE BLVD., STE. 120 WEST PALM BEACH, FL 33409</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
01052005		Chg-LLC		CR2E083 (10/03)	
4. EEI Number <b>52-2442924</b>		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable			
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>B&amp;C CORPORATE SERVICES OF CENTRAL FLORIDA 390 NORTH ORANGE AVENUE, STE. 1100 ORLANDO, FL 32801</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code         </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
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 checked="" 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	
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.					
<b>TRE member, LLC, its sole member</b> <b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<div style="text-align: right;"> <b>2/10/05 203 869-0900</b>  <small>Date Daytime Phone #</small> </div>					

*Kristin M. Miller, President*

FILED  
 05 FEB 14 PM 1:14  
 SECRETARY OF STATE  
 TALLAHASSEE, FL

