

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
Nov 08, 2005
Secretary of State**

DOCUMENT# L04000032677

Entity Name: REGENCY POINTE II - WDP/TGH, LLC

Current Principal Place of Business:

130 SOUTH MAIN STREET
WINTER GARDEN, FL 347873556

New Principal Place of Business:

8803 LAKE MABEL DRIVE
ORLANDO, FL 32836

Current Mailing Address:

130 SOUTH MAIN STREET
WINTER GARDEN, FL 347873556

New Mailing Address:

P.O. BOX 2094
WINDERMERE, FL 34786

FEI Number: 20-3754088

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIOGOZZI, WILLIAM D
130 SANTA MAIN STREET
WINTER GARDEN, FL 34787 US

Name and Address of New Registered Agent:

HARVEY, TOM G
8803 LAKE MABEL DRIVE
ORLANDO, FL 32836 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: TOM G HARVEY

11/08/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PIOGOZZI, WILLIAM D
Address: 130 SANTA MAIN STREET
City-St-Zip: WINTER GARDEN, FL 34787

Title: MGR (X) Delete
Name: HIRDEY, THOMAS G
Address: 130 SANTA MAIN STREET
City-St-Zip: WINTER GARDEN, FL 34787

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HARVEY, TOM G
Address: 8803 LAKE MABEL DRIVE
City-St-Zip: ORLANDO, FL 32836

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 Section 119.07(3)(i), 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: TOM G HARVEY

MGR

11/08/2005

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