
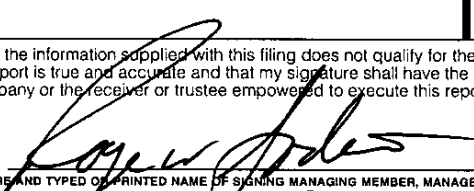


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90080 042 ****50.00

DOCUMENT # L04000033290					
1. Entity Name REGENCY POINTE II PARTNERS, LLC					
Principal Place of Business 115 INTERNATIONA PARKWAY HEATHROW, FL 32746			Mailing Address 115 INTERNATIONA PARKWAY HEATHROW, FL 32746		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01132005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 90-0186365				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SODERSTROM, ROGER W 115 INTERNATIONA PARKWAY HEATHROW, FL 32746			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL	Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<input checked="" type="checkbox"/> Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	P WOOD DELMAS 115 INT'L PKWY HEATHROW FL 32746		<input type="checkbox"/> Delete		
NAME	VP SODERSTROM, ROGER 115 INT'L PKWY HEATHROW FL 32746		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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)(l), 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: 		3-8-05		407-333-1900	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>	
ROGER W. SODERSTROM					