


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90076 020 ****50.00


DOCUMENT # L04000033290
 1. Entity Name
 REGENCY POINTE II PARTNERS, LLC



Principal Place of Business: 115 INTERNATIONAL PARKWAY HEATHROW, FL 32746
 Mailing Address: 115 INTERNATIONAL PARKWAY HEATHROW, FL 32746

2. Principal Place of Business: 719 Rodel Cove
 3. Mailing Address: Suite, Apt. #, etc.

Lake Mary, FL 32746 USA
 City & State: Lake Mary, FL
 Zip: 32746 USA
 Country: USA



04262008 Chg-LLC CR2E083 (11/05)
 4. FEI Number: 90-0186365
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 SODERSTROM, ROGER W
 115 INTERNATIONAL PARKWAY
 HEATHROW, FL 32746

7. Name and Address of New Registered Agent
 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$50.00 Due by May 1, 2006 **Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: P NAME: WOOD, DELMAS STREET ADDRESS: 115 INT'L PKWY CITY-ST-ZIP: HEATHROW, FL 32746	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: CODERSTRAM, ROGER STREET ADDRESS: 115 INT'L PKWY CITY-ST-ZIP: HEATHROW, FL 32746	<input type="checkbox"/> Delete	TITLE: _____ NAME: Soderstrom, Roger STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" 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
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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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: *Roger Wood* Date: 4/27/06 Daytime Phone #: 407-588-1260