

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000033542

Entity Name: IPANEMA II, LLC

FILED
Apr 21, 2005
Secretary of State

Current Principal Place of Business:

7751 KINGSPONTE PKWY
SUITE 127
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

7751 KINGSPONTE PKWY
SUITE 127
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 20-1093723

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUARTE, NORBERTO
7024 LAKE WILLIS DR.
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

DUARTE, NORBERTO
7751 KINGSPONTE PKWY
127
ORLANDO, FL 32819 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: NORBERTO DUARTE

04/21/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: DUARTE, NORBERTO R
Address: 7024 LAKE WILLIS DR.
City-St-Zip: ORLANDO, FL 32819

Title: MGRM () Delete
Name: DE OLIVEIRA, MARIA A
Address: 7024 LAKE WILLIS DR.
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DUARTE, NORBERTO R
Address: 7751 KINGSPONTE PKWY - UNI 127
City-St-Zip: ORLANDO, FL 32819

Title: MGRM (X) Change () Addition
Name: DE OLIVEIRA, MARIA A
Address: 7751 KINGSPONTE PKWY - UNIT 127
City-St-Zip: ORLANDO, FL 32819

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: NORBERTO DUARTE

MGRM

04/21/2005

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