
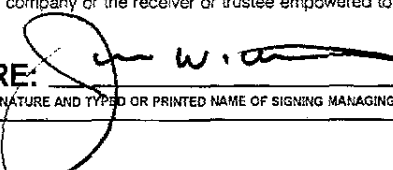


**-2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # L04000035045		
1. Entity Name DEL BOCA DA VISTA II, LLC		
Principal Place of Business 2813 MARQUESAS COURT WINDERMERE, FL 34786 US	Mailing Address 2813 MARQUESAS COURT WINDERMERE, FL 34786 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DECUBELLIS & MEEKS, P.A. 837 NORTH GARLAND AVENUE ORLANDO, FL 32801		DO NOT WRITE IN THIS SPACE
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)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WARMUS, JAMES W 2813 MARQUESAS COURT WINDERMERE, FL 34786	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 		4-27-06 407-849-1549
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #



04272006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 11-3718029	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

U00000551492
05/13/06-80102-017 50.00