2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# L04000037191

Entity Name: EUROPEAN WELLCARE REALTY II, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
14 BELGRAVE GARDENS LONDON NW8 0RB ENGLAND, XX	14 BELGRAVE GARDENS LONDON NW8 0RB ENGLAND, XX XX
Current Mailing Address:	**New Mailing Address:**
14 BELGRAVE GARDENS LONDON NW8 0RB ENGLAND, XX	14 BELGRAVE GARDENS LONDON NW8 0RB ENGLAND, XX XX

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
GLANTZ, RONALD P ESQ 7951 SW 6TH STREET STE. 100 PLANTATION, FL 33324 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: ____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:		**ADDITIONS/CHANGES:**	
Title:	( ) Delete	Title:	CEO ( ) Change (X) Addition
Name:		Name:	TREON, ANOUP
Address:		Address:	14 BELGRAVE GARDENS, LONDON NW8 ORB
City-St-Zip:		City-St-Zip:	ENGLAND, XX XX

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: ANOUP TREON CEO 04/29/2005

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