

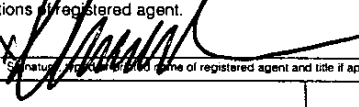
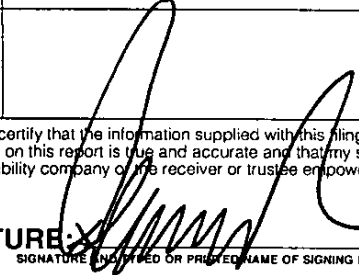


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2005 8:00 am
Secretary of State

03-22-2005 90183 048 *****55.00

DOCUMENT # L04000040703 1. Entity Name COLUMBIA APARTMENTS II, L.L.C.					
Principal Place of Business 12108 NORTH 56TH STREET TAMPA, FL 33617			Mailing Address 12108 NORTH 56TH STREET TAMPA, FL 33617		
2. Principal Place of Business 2901 W Busch Blvd Suite, Apt. #, etc. #901 City & State TAMPA FLORIDA Zip 33618 Country USA		3. Mailing Address 2901 W Busch Blvd Suite, Apt. #, etc. #901 City & State TAMPA, FLORIDA Zip 33618 Country USA			
01112005 Chg-LLC CR2E083 (10/03)				4. FEI Number 20-2515933 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent BEKIEMPIS, VINCENT 12108 NORTH 56TH STREET TAMPA, FL 33617	
7. Name and Address of New Registered Agent Name: Bekiempis, Vincent Street Address (P.O. Box Number is Not Acceptable) 2901 W. Busch Blvd #901 City: TAMPA FL Zip Code: 33618				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:  VINCENT BEKIEMPIS 1-20-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MGR Vincent BEKIEMPIS 2901 W. Busch BLVD #901 TAMPA FLA 33618	
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	
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	
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	
11. I hereby certify that the information supplied with this filing does not qualify 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 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:  VINCENT BEKIEMPIS			Date: (813) 915-9127		