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	Mailing Address
12108 NORTH 56TH STREET TAMPA, FL 33617	12108 NORTH 56TH STREET TAMPA, FL 33617

01112005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
2901 W Busch Blvd	2901 W Busch Blvd
Suite, Apt. #, etc.: #901	Suite, Apt. #, etc.: #901
City & State: Tampa Florida	City & State: Tampa, Florida
Zip: 33618 Country: USA	Zip: 33618 Country: USA

4. FEI Number 20-2515933 [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] **$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: [signature] Vincent Bekiempis 1-20-05
Signature required if filing name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Vincent Bekiempis 2901 W. Busch BLVD #901 Tampa FLA 33618	[X] Change [ ] Addition
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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: [signature] Vincent Bekiempis (813) 915-9127
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #