

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000045843

1. Entity Name
OLD MASTERS BUILDING II, L.L.C.



Principal Place of Business
**P.O. BOX 772351
OCALA, FL 34477-2351**

Mailing Address
**P.O. BOX 772351
OCALA, FL 34477-2351**



01172006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1295848

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEGAL INFORMATION SERVICES, INC.
2500 WESTON ROAD, STE. 404
WESTON, FL 33331**

**DO NOT WRITE
IN THIS SPACE**

2. 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	OLD MASTERS MANAGEMENT, INC.
STREET ADDRESS	P.O. BOX 772351
CITY-ST-ZIP	OCALA, FL 344772351

TITLE	
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U00000427636
02/21/06-80014-023 50.00

**DO NOT WRITE
IN THIS SPACE**

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: *[Signature]* **L. SUZANNE RINE BK. 2/7/06 3526946370**