2006 LIMITED LIABILITY COMPANY ANNUAL REPORT.

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT # L04000058476

1. Entity Name

OUR NEXT CHAPTER II, L.L.C.



Principal Place of Business

Ma

524 EAST COLLEGE AVENUE, SUITE **1** TALLAHASSEE, FL 32301

Mailing Address
524 EAST COLLEGE AVENUE, SUITE

TALLAHASSEE, FL 32301

FILED Jan 24, 2006 8:00 am Secretary of State

01-24-2006 90065 008 ****50.00



01042006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number	Applied For	
59-1562868	 Not Applicable	
5. Certificate of Status Desired	\$5.00 Additional	

6. Name and Address of Current Registered Agent

GIEVERS, KAREN
524 EAST COLLEGE AVENUE, SUITE ?
TALLAHASSEE, FL 32301

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	named entity submits this statement for the purpose of char- ions of registered agent.	ging its registered of	ice or registered agent, or both, in the	State of Florida. I am familiar with, and accept	
SIGNATURE.	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
		(NOTE: nagistared Agen	Sylvatore required when remaining)	UATE	
D	iling Fee is \$50.00 ue by May 1, 2006				
9.	MANAGING MEMBERS/MANAGERS	····			
TITLE	MGRM				
NAME	GIEVERS, KAREN				
STREET ADDRESS	524 EAST COLLEGE AVENUE, SUITE 2				
CITY-ST-ZIP	TALLAHASSEE, FL 32301				
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NAME					
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11. I hereby	certify that the information supplied with this filing does not on this report is true and accurate and that my signature st	qualify for the exemp	ions contained in Chapter 119, Florid	a 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.					