

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90186 008 ****50.00

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02062006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L04000070940 1. Entity Name SOUTHERN HOMES OF FLORIDA CITY II, LLC					
Principal Place of Business 406 SW 1 ST FLORIDA CITY, FL 33034			Mailing Address P.O. BOX 558084 MIAMI, FL 33155		
2. Principal Place of Business 14021 J.W. 143 CT Suite, Apt. #, etc. #6		3. Mailing Address 14021 J.W. 143 CT Suite, Apt. #, etc. #6		4. FEI Number APPLIED FOR 20-1013902 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
City & State MIAMI- FLORIDA		City & State MIAMI- FLORIDA			
Zip 33186		Country			
Zip 33186		Country			
6. Name and Address of Current Registered Agent LOPEZ, JOSE 8418 CORAL WAY MIAMI, FL 33155				7. Name and Address of New Registered Agent Name LOPEZ, JOSE Street Address (P.O. Box Number is Not Acceptable) 14021 J.W. 143 CT #6 City MIAMI FL Zip Code 33186	
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: DATE: 2/10/06 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE: MGRM NAME: LOPEZ, JOSE <input type="checkbox"/> Delete STREET ADDRESS: 11991 SW 94 STREET CITY-ST-ZIP: MIAMI, FL 33186			TITLE: MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: LOPEZ, JOSE STREET ADDRESS: 14021 J.W. 143 CT #6 CITY-ST-ZIP: MIAMI- FLORIDA 33186		
TITLE: MGR NAME: DAGER, RICARDO <input type="checkbox"/> Delete STREET ADDRESS: 1801 CORAL WAY, #301 CITY-ST-ZIP: MIAMI, FL 33145			TITLE: MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: DAGER, RICARDO STREET ADDRESS: 14021 J.W. 143 CT #6 CITY-ST-ZIP: MIAMI- FLORIDA 33186		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
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TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
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:			2/10/06 (305) 858-2858 Date Daytime Phone #		