

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

04-24-2006 90281 001 ***385.00

DOCUMENT # L04000072494

1. Entity Name
THE PALMS OF BAY HARBOR II, LLC



Principal Place of Business
**2700 SOUTH NELSON STREET
ARLINGTON, VA 22206**

Mailing Address
**2700 SOUTH NELSON STREET
ARLINGTON, VA 22206**

30005895



01032006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1702699	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HR MORTGAGE & REALTY COMPANY
444 BRICKELL AVENUE, SUITE 212
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed 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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HERRICK, SCOTT 2700 SOUTH NELSON STREET ARLINGTON, VA 22206
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAMMLER, CHRIS 2700 SOUTH NELSON STREET ARLINGTON, VA 22206
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date **4/10/06** Daytime Phone # _____