

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90192 049 ****50.00

DOCUMENT # L04000075626					
1. Entity Name BRADENTON RIVERFRONT PARTNERS II, LLC					
Principal Place of Business 1001 3RD AVENUE WEST, SUITE 500 BRADENTON, FL 34205			Mailing Address 1001 3RD AVENUE WEST, SUITE 500 BRADENTON, FL 34205		
2. Principal Place of Business 1001 3rd Avenue West Suite, Apt. #, etc. Suite 420 City & State Bradenton, FL Zip 34205 Country MANATEE		3. Mailing Address 1001 3rd Avenue West Suite, Apt. #, etc. Suite 420 City & State Bradenton, FL Zip 34205 Country MANATEE		20009753 	
4. FEI Number 02042005 Chg-LLC CR2E083 (10/03) 20-1913913				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent VOGLER ASHTON, PLLC 1001 3RD AVENUE WEST, SUITE 500 BRADENTON, FL 34205	
7. Name and Address of New Registered Agent Name: SAME Street Address (P.O. Box Number is Not Acceptable): 1001 3rd Avenue West Suite 420 City: SAME FL Zip Code:				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: 2-4-05	
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	MGRM VICTORIA ESTATES, LTD. 8441 COOPE CREEK BLVD. UNIVERSITY PARK, FL 34201	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAND, DAVIS S 240 PINEAPPLE ST. SARASOTA, FL 34236	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAUFFMAN, MARK M.D. 455 LONGBOAT CLUB ROAD, PH-4 LONGBOAT KEY, FL 34288	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VOGLER, EDWARD II 1819 97TH ST. NW BRADENTON, FL 34209	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALLEN, RONALD J 6020 SHORE ACRES DRIVE NW BRADENTON, FL 34209	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			EDWARD VOGLER II 02/04/05 941-388-9400		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		