2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2006
Secretary of State

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Entity Name: FOUR BOXES II, LLC

Current Principal Place of Business:

4904 CHESTNUT KNOLL LANE
CHARLOTTE, NC 28269

New Principal Place of Business:

10800 SIKES PLACE
SUITE 300
CHARLOTTE, NC 28277

Current Mailing Address:

4904 CHESTNUT KNOLL LANE
CHARLOTTE, NC 28269

New Mailing Address:

10800 SIKES PLACE
SUITE 300
CHARLOTTE, NC 28277

FEI Number: 32-8728358 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LYNN, MARK J
2101 WEST COMMERCIAL BLVD., SUITE 4100
FT. LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BOX, JOHN R
Address: 4904 CHESTNUT KNOLL LANE
City-St-Zip: CHARLOTTE, NC 28269

Title: MGRM ( ) Delete
Name: BOX, SHARI P
Address: 4904 CHESTNUT KNOLL LANE
City-St-Zip: CHARLOTTE, NC 28269

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BOX, JOHN R
Address: 10800 SIKES PLACE SUITE 300
City-St-Zip: CHARLOTTE, NC 28277

Title: MGRM (X) Change ( ) Addition
Name: BOX, SHARI P
Address: 10800 SIKES PLACE SUITE 300
City-St-Zip: CHARLOTTE, NC 28277

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN R. BOX MGRM 04/30/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date