


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L04000078030		
1. Entity Name O.P. DEVELOPMENT II, LLC		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUN -8 AM 10:00

Principal Place of Business 1234 AIRPORT ROAD, SUITE 215 DESTIN FL 32541	Mailing Address 1234 AIRPORT ROAD, SUITE 215 DESTIN FL 32541
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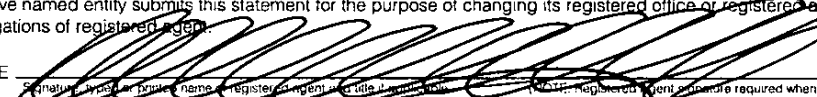
2. Principal Place of Business 4300 Legendary Dr Suite, Apt. #, etc. 204	3. Mailing Address 4300 Legendary Dr. Suite, Apt. #, etc. 204
City & State Destin, FL	City & State Destin, FL 32541
Zip 32541	Country

4. FEI Number 20-1408348	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 OLSON, RICHARD 1234 AIRPORT ROAD, SUITE 215 DESTIN FL 32541	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.

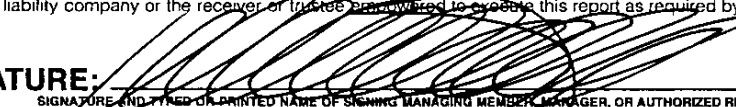
SIGNATURE  DATE **4-28-06**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLSON & ASSOCIATES OF NW FLORIDA, INC. 1234 AIRPORT ROAD SUITE 215 DESTIN FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4300 Legendary Dr. Ste. 204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000076302390 06/19/06--01005--001 **2150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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 Section 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 authorized to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  DATE **4-28-06** Daytime Phone # **850-650-2858**