

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000081119 1. Entity Name INTERMED II, L.L.C.	
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Principal Place of Business 1160 ROSEMOUNT DRIVE FORT MYERS, FL 33913	Mailing Address 1160 ROSEMOUNT DRIVE FORT MYERS, FL 33913
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02132006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1921614	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SKRIVAN, KENT A ESQ LAW OFFICES OF KENT A SKRIVAN, PLLC 801 LAUREL OAK DRIVE, SUITE 705 NAPLES, FL 34108	DO NOT WRITE IN THIS SPACE
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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 _____
Signature to be typed or printed in name of registered agent and title if applicable. (NOTE: Registered Agent signature required when certifying) DATE _____

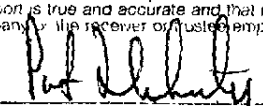
**Filing Fee is \$50.00
Due by May 1, 2006**

1100000445282
03/07/06-80037-005 50.00

9. MANAGING MEMBERS/MANAGERS	
NAME MGR FLAHARTY, PATRICK STREET ADDRESS 11670 ROSEMOUNT DRIVE CITY ST ZIP FT MYERS, FL 33913	
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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; 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 _____ Daytime Phone # _____