

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT


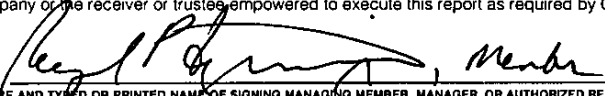
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Jul 07, 2005 8:00 am
Secretary of State

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06022005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000085355					
1. Entity Name VILLAGE COMMERCIAL HOLDINGS II, LLC					
Principal Place of Business 10254 EAST COUNTY HIGHWAY 30A, UNIT 11E SEACREST BEACH, FL 32413			Mailing Address 10254 EAST COUNTY HIGHWAY 30A, UNIT 11E SEACREST BEACH, FL 32413		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-1942623	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FITZPATRICK, RAYMOND P JR. 10254 EAST COUNTY HIGHWAY 30A, UNIT 11E SEACREST BEACH, FL 32413			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 7, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHAMBERS, STEVEN E	NAME			
STREET ADDRESS	10254 EAST COUNTY HIGHWAY 30A, UNIT 11E	STREET ADDRESS			
CITY - ST - ZIP	SEACREST BEACH, FL 32413	CITY - ST - ZIP			
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FITZPATRICK, RAYMOND P JR	NAME			
STREET ADDRESS	10254 EAST COUNTY HIGHWAY 30A, UNIT 11E	STREET ADDRESS			
CITY - ST - ZIP	SEACREST BEACH, FL 32413	CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
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: 		Date: 7/5/05		Daytime Phone #: 205-320-2255	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE RAYMOND P. FITZPATRICK, JR.					