

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90038 026 ****50.00

DOCUMENT # L04000086337 1. Entity Name COUNTRY OAKS PHASE II LLC			
Principal Place of Business 1311 SOUTH US 1 ROCKLEDGE FL 32955 ROCKLEDGE, FL 32955 US		Mailing Address PO BOX 546 COCOA, FL 32923	
2. Principal Place of Business 3935 Ferner Rd Suite, Apt. #, etc.		3. Mailing Address 3935 Ferner Rd Suite, Apt. #, etc.	
City & State Cocoa FL		City & State Cocoa FL	
Zip 32926	Country USA	Zip 32926	Country USA
4. FEI Number		04162005 Chg-LLC CR2E083 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CHAMBERS, DENNIS E 2190 SO COURTENAY PKWY MERRIT ISLAND, FL 32952		7. Name and Address of New Registered Agent Name Dennis Chambers Street Address (P.O. Box Number is Not Acceptable) 3935 Ferner Rd City Cocoa FL Zip Code 32926	
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 <u><i>Dennis Chambers</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____			
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	MGR DENNIS, CHAMBERS E PO BOX 546 COCOA, FL 32923	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAUL HAYHURST TRUSTEE 1311 SO US 1 ROCKLEDGE, FL 32955	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change 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: <u><i>Dennis Chambers</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>4/13/2005</u> Daytime Phone # <u>321-5373444</u>	