


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90125 047 ****50.00

DOCUMENT # L04000091609

1. Entity Name
PARKLAND CUSTOM HOMES AND DEVELOPMENT II, LLC



Principal Place of Business Mailing Address
C/O 7000 WEST PALMETTO PARK ROAD **C/O 7000 WEST PALMETTO PARK ROAD**
SUITE 310 **SUITE 310**
BOCA RATON, FL 33433 US **BOCA RATON, FL 33433 US**

2. Principal Place of Business 3. Mailing Address
7250 NW 82 TR **7250 NW 82 TR**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Parkland, FL **Parkland, FL**
 Zip Country Zip Country
33067 **Broward** **33067** **Broward**

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 04272005 Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
APPLIED FOR ^{See} attached Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
MORRIS, STUART R ESQ
7000 WEST PALMETTO PARK ROAD
SUITE 310
BOCA RATON, FL 33433

7. Name and Address of New Registered Agent
 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
 Due by May 1, 2005

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

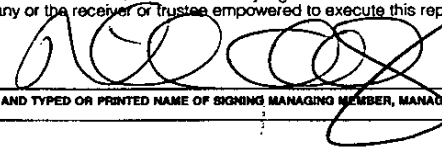
| | |
|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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10. ADDITIONS/CHANGES

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

Handwritten entries:
 Michael Donnelly operating mgr 7250 NW 82 Terrace, Parkland, FL 33067
 Mike Moran secy 7999 NW 82 Terrace Parkland, FL 33067

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:  **4/26/05 954-753-8602**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT
 # 20053354
 # L04000091609

Form **SS-4**

Application for Employer Identification Number

(Rev. December 2001)
 Department of the Treasury
 Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

EIN

OMB No. 1545-0003

▶ See separate instructions for each line. ▶ Keep a copy for your records.

| | | | |
|-------------------------------|--|--|--|
| Type or print clearly. | 1 Legal name of entity (or individual) for whom the EIN is being requested PARKLAND CUSTOM HOMES AND DEVELOPMENT II, LLC | | |
| | 2 Trade name of business (if different from name on line 1) | | 3 Executor, trustee, "care of" name MICHAEL J. DONNELLY, MANAGER |
| | 4a Mailing address (room, apt., suite no. and street, or P.O. box) 7250 N.W. 82nd Terrace | | 5a Street address (if different) (Do not enter a P.O. box.) |
| | 4b City, state, and ZIP code PARKLAND, FL 33067 | | 5b City, state, and ZIP code |
| | 6 County and state where principal business is located BROWARD COUNTY, FL | | |
| | 7a Name of principal officer, general partner, grantor, owner, or trustor MICHAEL J. DONNELLY | | 7b SSN, ITIN, or EIN 266-91-2818 |

8a **Type of entity** (check only one box)

| | |
|---|--|
| <input type="checkbox"/> Sole proprietor (SSN) | <input type="checkbox"/> Estate (SSN of decedent) |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Plan administrator (SSN) |
| <input type="checkbox"/> Corporation (enter form number to be filed) ▶ | <input type="checkbox"/> Trust (SSN of grantor) |
| <input type="checkbox"/> Personal service corp. | <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government |
| <input type="checkbox"/> Church or church-controlled organization | <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military |
| <input type="checkbox"/> Other nonprofit organization (specify) ▶ | <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises |
| <input checked="" type="checkbox"/> Other (specify) ▶ Multi-member LLC | Group Exemption Number (GEN) ▶ |

8b If a corporation, name the state or foreign country (if applicable) where incorporated

| | |
|-----------------|-----------------|
| State FL | Foreign country |
|-----------------|-----------------|

9 **Reason for applying** (check only one box)

| | |
|---|--|
| <input checked="" type="checkbox"/> Started new business (specify type) ▶ Multi-member LLC | <input type="checkbox"/> Banking purpose (specify purpose) ▶ |
| <input type="checkbox"/> Hired employees (Check the box and see line 12.) | <input type="checkbox"/> Changed type of organization (specify new type) ▶ |
| <input type="checkbox"/> Compliance with IRS withholding regulations | <input type="checkbox"/> Purchased going business |
| <input type="checkbox"/> Other (specify) ▶ | <input type="checkbox"/> Created a trust (specify type) ▶ |
| | <input type="checkbox"/> Created a pension plan (specify type) ▶ |

10 Date business started or acquired (month, day, year) **December 19, 2004**

11 Closing month of accounting year **December**

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) **N/A**

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0-".

| | | |
|-----------------------|--------------------|----------------|
| Agricultural 0 | Household 0 | Other 0 |
|-----------------------|--------------------|----------------|

14 Check one box that best describes the principal activity of your business.

| | | | | | | |
|---------------------------------------|---|---|--|---|--|---------------------------------|
| <input type="checkbox"/> Construction | <input type="checkbox"/> Rental & leasing | <input type="checkbox"/> Transportation & warehousing | <input type="checkbox"/> Accommodation & food service | <input type="checkbox"/> Wholesale-agent/broker | <input type="checkbox"/> Wholesale-other | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Real estate | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance & insurance | <input checked="" type="checkbox"/> Other (specify) Investment Management | | | |

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
Investment Management

16a Has the applicant ever applied for an employer identification number for this or any other business? Yes No
 Note: If "Yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.

| | |
|--------------|--------------|
| Legal name ▶ | Trade name ▶ |
|--------------|--------------|

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.

| | | |
|--|----------------------------|--------------|
| Approximate date when filed (mo., day, year) | City and state where filed | Previous EIN |
|--|----------------------------|--------------|

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

| | | |
|-----------------------------|---|--|
| Third Party Designee | Designee's name Stuart R. Morris or Shawna R. Senner or Charlelle Thomas | Designee's telephone number (include area code) (561) 750-3850 |
| | Address and ZIP code 7000 W. Palmetto Park Road, Ste. 310, Boca Raton, FL 33433 | Designee's fax number (include area code) (-561) 750-4069 |

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

| | |
|--|---|
| Name and title (type or print clearly) ▶ MICHAEL J. DONNELLY, MANAGER | Applicant's telephone number (include area code) (954) 341-1893 |
| Signature ▶ | Applicant's fax number (include area code) () |
| Date ▶ 4-27-05 | |