2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 11, 2006
Secretary of State

DOCUMENT# L04000092848

Entity Name: LINDEN LAKE I & II, LLC

Current Principal Place of Business:

3612 PRINCETON PLACE
BOCA RATON, FL 33496

New Principal Place of Business:

519 PALM TRAIL
DELRAY BEACH, FL 33483

Current Mailing Address:

3612 PRINCETON PLACE
BOCA RATON, FL 33496

New Mailing Address:

519 PALM TRAIL
DELRAY BEACH, FL 33483

FEI Number: 20-2198895 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

OLIVIER, JOHN D
C/O 2033 MAIN STREET
SUITE 600
SARASOTA, FL FL US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: REID, LAWRENCE A
Address: 3612 PRINCETON PLACE
City-St-Zip: BOCA RATON, FL 33496

Title: MGRM ( ) Delete
Name: SMITH, ROBERT A
Address: 519 PALM TRAIL
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: REID, LAWRENCE A
Address: 3612 PRINCETON PLACE
City-St-Zip: BOCA RATON, FL 33496

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT A. SMITH MGRM 07/11/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date