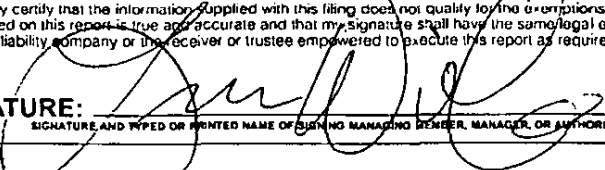


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/ **FILED**
Aug 23, 2006 8:00 am
Secretary of State

08-15-2006 90078 021 ****55.00

DOCUMENT # L05000006116 1. Entity Name PALM BAY DEVELOPERS II, LLC					
Principal Place of Business C/O HARVARD APARTMENTS 1501 HARVARD CIRCLE MELBOURNE, FL 32905			Mailing Address C/O HARVARD APARTMENTS 1501 HARVARD CIRCLE MELBOURNE, FL 32905		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		07022006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 20-4134951				Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☒				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KIPPER, DAVID C/O HARVARD APARTMENTS 1501 HARVARD CIRCLE MELBOURNE, FL 32905				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ Signature is typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when renewing)					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition	MGRM WILF, LEONARDA 820 MORRIS TRAPKE SHORT HILLS NJ 07078	
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		
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 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			Date: 7/13/2006 321-956-3050		
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					