
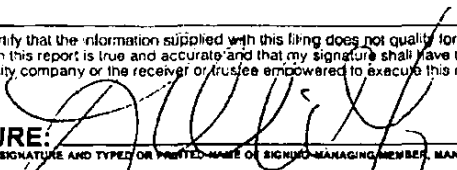


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

08-14-2006 90122 018 ****55.00

DOCUMENT # L05000006117 1. Entity Name PRINCETON FLORIDA ASSOCIATES 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		4. FFI Number 68-0602994	
5. Certificate of Status Desired ✓ \$5.00 Additional Fee Required				Applied For Not Applicable	
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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 			8/7/06 Date Daytime Phone #		