

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000006495

**FILED**  
**Feb 14, 2006**  
**Secretary of State**

**Entity Name:** INFINITY II AT BRICKELL, LLC

**Current Principal Place of Business:**

2200 NW CORPORATE BOULEVARD, SUITE 401  
BOCA RATON, FL 33431

**New Principal Place of Business:**

2200 NW CORPORATE BOULEVARD  
SUITE 401  
BOCA RATON, FL 33431

**Current Mailing Address:**

2200 NW CORPORATE BOULEVARD, SUITE 401  
BOCA RATON, FL 33431

**New Mailing Address:**

2200 NW CORPORATE BOULEVARD  
SUITE 401  
BOCA RATON, FL 33431

**FEI Number:** 20-2222792

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HCRM CORP.  
2200 NW CORPORATE BOULEVARD, SUITE 401  
BOCA RATON, FL 33431 US

**Name and Address of New Registered Agent:**

HCRM CORP.  
2200 NW CORPORATE BOULEVARD  
SUITE 401  
BOCA RATON, FL 33431 US

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:**

02/14/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: INFINITY II MANAGER,, INC.  
Address: 2200 NW CORPORATE BLVD., SUITE 401  
City-St-Zip: BOCA RATON, FL 33431 US

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:** JOHN YANOPOULOS

CEO

02/14/2006

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