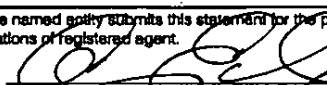
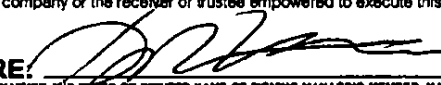


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

5/

FILED
May 30, 2006 8:00 am
Secretary of State

05-01-2006 90075 029 ****50.00

DOCUMENT # L05000023736 1. Entity Name PRIMESTAR LEGACY RESORT II, LLC					
Principal Place of Business 2831 RINGLING BLVD., SUITE 211-D SARASOT, FL			Mailing Address 2831 RINGLING BLVD., SUITE 211-D SARASOT, FL		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Sarasota, FL			City & State Sarasota, FL		
Zip 		Country		4. FEI Number 01-0834337	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent BERLIN LAW FIRM, P.A. 1605 MAIN STREET, SUITE 910 SARASOTA, FL			7. Name and Address of New Registered Agent Name Arthur C. Eckert Street Address (P.O. Box Number is Not Acceptable) 2831 Ringling Blvd. # 211-D City Sarasota FL Zip Code 34237		
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 5/26/06 (NOTE: Registered Agent signature required when releasing)					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR APPEL, STANLEY S 2831 RINGLING BLVD., SUITE 211-D SARASOT, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ECKERT, ARTHUR 2831 RINGLING BLVD., SUITE 211-D SARASOT, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
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 4/26/06 365-3000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

30009217



02172006 Chg-LLC CR2E083 (11/05)