

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90024 026 ****55.00

20033101



01302006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L05000033934	
1. Entity Name ENTERPRISE II OF FLORIDA, LLC	

Principal Place of Business 2501 KEYSTONE COURT ST. PETERSBURG, FL 33710	Mailing Address 2501 KEYSTONE COURT ST. PETERSBURG, FL 33710
--	--

2. Principal Place of Business <i>2501 Keystone Ct</i>	3. Mailing Address <i>2501 Keystone Ct</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>St Petersburg, FL</i>	City & State <i>St Petersburg, FL</i>
Zip <i>33710</i>	Zip <i>33710</i>
Country <i>Pinellas</i>	Country <i>Pinellas</i>

4. FEI Number <i>20-3593770</i>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ROBERTSON, RICHARD A 2501 KEYSTONE COURT ST. PETERSBURG, FL 33710	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--	---

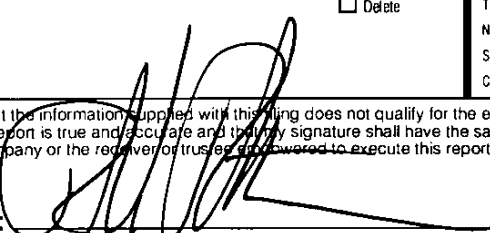
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
-----------	--	------

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 ROBERTSON, HAROLD D 2501 KEYSTONE COURT ST. PETERSBURG, FL 33710 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input 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
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
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
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
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: 	Date <i>4-17-06 (127)</i>	Daytime Phone # <i>522-7000</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		