


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90135 030 ****50.00

DOCUMENT # L05000041912	
1. Entity Name NN PARTNERS II, LLC	

Principal Place of Business 989 BAL ISLE DRIVE FT. MYERS, FL 33919	Mailing Address 989 BAL ISLE DRIVE FT. MYERS, FL 33919
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2. Principal Place of Business 3914 W. Riverside Dr.	3. Mailing Address 3914 W. Riverside Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Fort Myers, FL	City & State Fort Myers FL
Zip 33901	Zip 33901
Country US	Country US



01102006 Chg-LLC CR2E083 (11/05)

5. Name and Address of Current Registered Agent ENNEN, WILLIAM C. 989 BAL ISLE DRIVE FT. MYERS, FL 33919	
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4. FEI Number 20-2788764	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 3914 W. Riverside Dr	
City Fort Myers	FL Zip Code 33901

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 ENNEN, WILLIAM C 989 BAL ISLE DRIVE FT. MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3914 W. Riverside Dr Fort Myers, FL 33901 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: William C Ennen 1-16-06 239-225-0089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #