
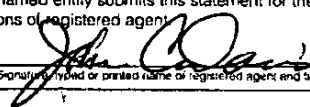
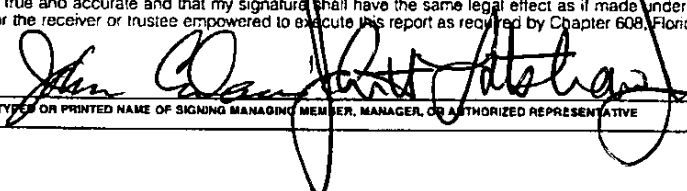


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 17, 2006 8:00 am
Secretary of State

04-24-2006 90069 026 ****50.00

DOCUMENT # L05000050480 1. Entity Name COIN DEVELOPMENT II, LLC					
Principal Place of Business 3010 SOUTH THIRD STREET JACKSONVILLE BEACH FL 32250			Mailing Address 3010 SOUTH THIRD STREET JACKSONVILLE BEACH FL 32250		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PATTERSON, BOND & LATSHAW, PA. 3010 SOUTH THIRD STREET JACKSONVILLE BEACH FL 32250			7. Name and Address of New Registered Agent Name John C. DAVIS Street Address (P.O. Box Number is Not Acceptable) 1620 Hendricks Avenue City Jacksonville FL Zip Code 32207		
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 4/13/06	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Angel R. Macario		NAME		
STREET ADDRESS	1620 Hendricks Ave.		STREET ADDRESS		
CITY - ST - ZIP	Jacksonville, FL 32207		CITY - ST - ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	John H. Latshaw, Jr.		NAME		
STREET ADDRESS	158 Barbary Lane		STREET ADDRESS		
CITY - ST - ZIP	Ponte Vedra Beach, FL 32082		CITY - ST - ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Jesse Killebrew		NAME		
STREET ADDRESS	154 Lawn Avenue		STREET ADDRESS		
CITY - ST - ZIP	St. Augustine, FL 32084		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 4/13/06	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					