

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000055883

FILED  
Apr 19, 2006  
Secretary of State

Entity Name: COLUMBUS LANDINGS II LLC

**Current Principal Place of Business:**

2905 10TH STREET WEST  
BRADENTON, FL 34205

**New Principal Place of Business:**

**Current Mailing Address:**

2905 10TH STREET WEST  
BRADENTON, FL 34205

**New Mailing Address:**

FEI Number: 22-3914384

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GARRITY, JOHN J  
2905 10TH STREET WEST  
BRADENTON, FL 34205 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GARRITY, JOHN  
Address: 5311 52ND AVE. W  
City-St-Zip: BRADENTON, FL 34210

Title: MGRM ( ) Delete  
Name: MUNN, FRED J  
Address: 908 40TH AVE. W  
City-St-Zip: BRADENTON, FL 34205

Title: MGRM ( ) Delete  
Name: JAY, STANLEY B  
Address: 5104 54TH STREET. W  
City-St-Zip: BRADENTON, FL 34210

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 J GARRITY

MGRM

04/19/2006

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