FILED Mar 23, 2006 8:00 am Secretary of State 01-30-2006 90152 022 ****50.00

DOCUMENT # L05000063802 1. Entity Name HAPPY TRAILS RANCH II, LLC									000 90132 0	<i></i>	30.00
Principal Place			Mailing	Address		•	}		•		
560 VILLAGE SUITE 335	BOULEVARD		560 VILLAGE BOULEVARD Suite 335								
WEST PALM	BEACH, FL 3		WEST PALM BEACH, FL 33409 US				300031	lenaminin 181	3 ESH (6)		
2. Principal P	lace of Busine	3. Mail	3. Mailing Address								
Suite, Apl.		Suite	Suite, Apt. #, etc.				Chg-LLC	CR2E083 (11/05)		
City & State		City	City & State			4. FEI Numb	65-003	39289 Applied For Not Applicable			
Zip		Country	Zip		Coun	try	5. Certificate	of Status Desired	□ \$5.	00 Addi Required	tional
	6. Name	and Address of C	urrent Registere	d Agent			7. Name and	Address of New		 	
	ATION SEF S STREET	NY	Name Street Ac			HARY WI HENSEY TR					
	SSEE, FL			/		560 V	MART	Disco P	4335		$ \dashv$
	_	1				C'a.	T PALM I	Bert		Zip Code	724/09
The above parted entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of equitared appear.											
	17 BZ	١١١٥٪							3/16/86		
SIGNATURE	Took of how	printed and income	no a feet bre speed to	Acada (NC	OTE: Registere	d Agent signeture require	d when remember()		DATE		
Fi	iling Fee is see by May							ke check payal la Department (
9		MANAGING N	MEMBERS/MANA	NGERS	10.		<u>-</u>	ADDITIONS	/CHANGES		
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TITLE -				☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS					NAME OF TAXABLE PARTY.	l l					
CITY-SI-ZIP					4	ET ADDRESS - ST - DP				•	
11. I hereby	certify that the	intoprætion suppli	ed with this filing	dogs not quality	for the exe	mptions contained	in Chapter 119.	. Florida Statutes. I I	further certify that	the infon	nation
indicated limited lia	on this report ability compan	his yua and accura ly of the inceiver of	ate and that my si r trustee empowe	grutture shall hav red to execute thi	e the same is report as	e legal effect as if r required by Chap	nade under oat ter 608, Florida	n; that I am a mana Statutes.	ging member or	manager	of the
SIGNATURE: Des Obes											
CICNAT	, J	/ /Q.	$\Omega N/M$	Des/							}



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 3, 2006

HAPPY TRAILS RANCH II, LLC 560 VILLAGE BOULEVARD SUITE 335 WEST PALM BEACH, FL 33409 US

Subject: HAPPY TRAILS RANCH II, LLC

Reference Number:

L05000063802

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CJ ANNUAL REPORTS SECTION