2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2006
Secretary of State

DOCUMENT# L05000075488

Entity Name: FAR NIENTE STABLES II, LLC

Current Principal Place of Business:

120 PRESIDENTIAL WAY
SUITE 300
WOBURN, MA 01801

New Principal Place of Business:

2930 HURLINGHAM DRIVE
WELLINGTON, FL 33414 US

Current Mailing Address:

120 PRESIDENTIAL WAY
SUITE 300
WOBURN, MA 01801

New Mailing Address:

2930 HURLINGHAM DRIVE
WELLINGTON, FL 33414 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DE MENDOZA, MARIO G III
12765 FOREST HILL BOULEVARD
SUITE 1302
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

BELLISSIMO, MARK J
2930 HURLINGHAM DRIVE
WELLINGTON, FL 33414 US

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: MARK J. BELLISSIMO 05/15/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: BELLISSIMO, MARK J
Address: 120 PRESIDENTIAL WAY, SUITE 300
City-St-Zip: WOBURN, MA 01801

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BELLISSIMO, MARK J
Address: 2930 HURLINGHAM DRIVE
City-St-Zip: WELLINGTON, FL 33414 US

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: MARK J. BELLISSIMO MGR 05/15/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date