2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000081343

Entity Name: COMEBACK II, LLC

FILED Jan 17, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

C/O GREENBERT TRAURIG, P.A.
5100 TOWN CENTER CIRCLE, SUITE 400

C/O GREENBERG TRAURIG, P.A.
5100 TOWN CENTER CIRCLE, SUITE 400

BOCA RATON, FL 33486 BOCA RATON, FL 33486

Current Mailing Address: New Mailing Address:

C/O GREENBERT TRAURIG, P.A.

5100 TOWN CENTER CIRCLE, SUITE 400

BOCA RATON, FL 33486

C/O GREENBERG TRAURIG, P.A.

5100 TOWN CENTER CIRCLE, SUITE 400

BOCA RATON, FL 33486

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

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

MIELNICKI, DANIEL D ESQ GREENBERG TRAURIG, P.A. 5100 TOWN CENTER CIRCLE, SUITE 400 BOCA RATON, FL 33486 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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: () Change () Addition

 Name:
 COHEN, CAROLE
 Name:

 Address:
 C/O 5100 TOWN CENTER CIRCLE, SUITE 400
 Address:

 City-St-Zip:
 BOCA RATON, FL 33486
 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: CAROLE COHEN MGR 01/17/2006