

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000083314

FILED
Dec 06, 2006
Secretary of State

Entity Name: CAPE CORAL PARKWAY II INVESTMENTS, L.L.C.

Current Principal Place of Business:

4002 DEL PRADO BOULEVARD
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

4002 DEL PRADO BOULEVARD
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: 20-3353184

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHUTT, DARRIN R ESQ.
SUITE C
1105 CAPE CORAL PARKWAY EAST
CAPE CORAL, FL 33904 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: MGR () Delete
Name: DIFEDE, MICHAEL A
Address: 4002 DEL PRADO BOULEVARD
City-St-Zip: CAPE CORAL, FL 33904

Title: MGR () Delete
Name: LEE, ROBERT A JR.
Address: 4002 DEL PRADO BOULEVARD
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DIFEDE, MICHAEL A
Address: 4002 DEL PRADO BOULEVARD
City-St-Zip: CAPE CORAL, FL 33904

Title: MGRM (X) Change () Addition
Name: LEE & ASSOCIATES 002, , LLC
Address: 4002 DEL PRADO BOULEVARD
City-St-Zip: CAPE CORAL, FL 33904

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: LEE & ASSOCIATES 002,LLC

MGRM

12/06/2006

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