

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000087059

**FILED**  
**Apr 27, 2006**  
**Secretary of State**

**Entity Name:** THREE OAKS OF CORKSCREW II, LLC

**Current Principal Place of Business:**

140 NE 4TH AVENUE  
SUITE A  
DELRAY BEACH, FL 33483 US

**New Principal Place of Business:**

1000 NW 17TH AVE.  
DELRAY BEACH, FL 33445 US

**Current Mailing Address:**

140 NE 4TH AVENUE  
SUITE A  
DELRAY BEACH, FL 33483 US

**New Mailing Address:**

1000 NW 17TH AVE.  
DELRAY BEACH, FL 33445 US

FEI Number: 20-3411851

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCHINDEL, MATTHEW G  
140 NE 4TH AVENUE  
SUITE A  
DELRAY BEACH, FL 33483 US

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

BENDER, GARRETT  
1000 NW 17TH AVE.  
DELRAY BEACH, FL 33445 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: GARRETT BENDER

04/27/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ASCOT ACQUISITIONS,, LLC  
Address: 140 NE 4TH AVENUE, SUITE A  
City-St-Zip: DELRAY BEACH, FL 33483 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ASCOT ACQUISITIONS,, LLC  
Address: 1000 NW 17TH AVE.  
City-St-Zip: DELRAY BEACH, FL 33445 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: GARRETT BENDER

MGRM

04/27/2006

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