2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000101977

Entity Name: CONGA LU II, LLC

FILED Jan 09, 2006 Secretary of State

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

1634 MAIN STREET 1090 SNEAD AVE SARASOTA, FL 34236 SARASOTA, FL 34236

Current Mailing Address: New Mailing Address:

PO BOX 3319 1090 SNEAD AVE SARASOTA, FL 34230 SARASOTA, FL 34236

FEI Number: 20-3635798 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

PRZYBYLOWICZ, LUCIE

1634 MAIN STREET

SARASOTA, FL 34236 US

PRZYBYLOWICZ, LUCIE

1090 SNEAD AVENUE

SARASOTA, FL 34236 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: LUCIE PRZYBYLOWICZ 01/09/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PRZYBYLOWICZ, THOMAS C

Address: 1634 MAIN STREET City-St-Zip: SARASOTA, FL 34236

City-St-Zip:

Title: MGRM () Delete
Name: PRZYBYLOWICZ, LUCIE K
Address: 1634 MAIN STREET

SARASOTA, FL 34236

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition

Name: PRZYBYLOWICZ, THOMAS C Address: 1090 SNEAD AVE

City-St-Zip: SARASOTA, FL 34236

Title: MGRM (X) Change () Addition Name: PRZYBYLOWICZ, LUCIE K

Address: 1090 SNEAD AVE City-St-Zip: SARASOTA, FL 34236

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: LUCIE PRZYBYLOWICZ MGRM 01/09/2006