

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000107416

FILED
Apr 13, 2006
Secretary of State

Entity Name: HICKORY BRANCH RIDGE II LLC

Current Principal Place of Business:

1812 S.W. 31ST AVE.
PEMBROKE PARK, FL 33009

New Principal Place of Business:

Current Mailing Address:

1812 S.W. 31ST AVE.
PEMBROKE PARK, FL 33009

New Mailing Address:

FEI Number: 20-3865388

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, HOWARD A
C/O ATKINSON, DINER, ET AL
100 S.E. THIRD AVE., SUITE 1400
FT. LAUDERDALE, FL 333940030 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: KELSEY, CHARLES M III
Address: 1812 S.W. 31ST AVE.
City-St-Zip: PEMBROKE PARK, FL 33009

Title: MGR () Delete
Name: DEHOWITT, JACK R JR.
Address: 1812 S.W. 31ST AVE.
City-St-Zip: PEMBROKE PARK, FL 33009

Title: MGR () Delete
Name: WICHMANN, ANGELA K
Address: 1812 S.W. 31ST AVE.
City-St-Zip: PEMBROKE PARK, FL 33009

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: ANGELA K WICHMANN

MGRM

04/13/2006

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