2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT				FILED							
DOCUMENT # L05000115280											
1. Entity Name CELWAT PROPERTIES II, LLC				06 APR 12 AM 11:53							
									ALT SHASSEE, FLORIDA		
				Principal Place of Business Mailing Address					C-1 411)	toute, FLO	RIDA
9203 BRIGGS ROAD, UNIT C201 C/O DAVID A. HOLMES											
ENGLEWOOD, FL 34224 99 NESBIT STREET PUNTA GORDA, FL 33950				ļ							
					 						
Principal Place of Business 3. Mailing Address					!! !!!!! 			Ш			
Suite, Apt. #, etc. Suite, Apt. #, etc.				02002000	0	0000000444	(05)				
				02082006	Chg-LLC	CR2E083 (11					
City & State	City & State	ty & State		4. FEI Numi	3917593	2	Applied Not App				
Zip Country	Zip				-	¢E AC) Addition	·			
						of Status Desired					
6. Name and Address of Current Registered Agent Name				7. Name and Address of New Registered Agent							
HOLMES, DAVID A											
FARR, FARR, EMERICH, HACKETT AND CARR, P.A. 99 NESBIT STREET PUNTA GORDA, FL 33950			Street Address (ddress (P.O. Box Number is Not Acceptable)							
,			City				Zip Code				
9. The obeye accord exists a shortest in statement 6					-#- i- #- Ct-t# 17-	FL Zip					
 The above named entity submits this statement for the obligations of registered agent. 	or the purpose of changing its	registere	ed office or register	ed agent, or b	oth, in the State of Ho	nda. Fam familiar	with, and	accept			
SIGNATURE											
Signature, typed or printed name of registered agen	and title if applicable. (NOTI	: Registere	d Agent signature required	when reinstating)		DATÉ					
Elling Ear in \$50.00					Mak	e check payable	to				
Filing Fee is \$50.00 Due by May 1, 2006					•	Department of					
9. MANAGING MEMB	 ERS/MANAGERS	10.			ADDITIONS/	CHANGES					
IME MGR	∏ Dolote	TITLE	:		, , , , , , , , , , , , , , , , , , , ,	☐ Ch	ange 🔲	Addition			
NAME WATSON, GLENN.	4 ,	NAME	- <u>I</u>		1						
STREET ADDRESS 9203 GRIGGS RD	UNIT C201		ET ADORESS -ST-ZIP	1000	10						
ITTLE MGR.	WATSON, GLENNA. ORESS 9203 GRIGGS RD, UNIT C201 FNGLEWOOD, FL 34224 MGR. Delette			Y9 41	/>	□ ch	anne 🗇	Addition			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 V SIL SISSA											
SIGNATURE:	van -		SIGNATURE: A SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Deviring Phone #								
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