

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000115280

1. Entity Name  
CELWAT PROPERTIES II, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 FEB -7 AM 10:41

Principal Place of Business  
9203 BRIGGS ROAD, UNIT C201  
ENGLEWOOD, FL 34224

Mailing Address  
C/O DAVID A. HOLMES  
99 NESBIT STREET  
PUNTA GORDA, FL 33950

2. Principal Place of Business - No P.O. Box #

3. Mailing Address  
170 WEST DEARBORN ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01252007 Chg-LLC CR2E083 (12/06)

City & State

City  
ENGLEWOOD, FL

4. FEI Number  
20-3917593

Applied For  
Not Applicable

Zip

Country

Zip

34223

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

Name  
DAVID A. DUNKIN

Street Address (P.O. Box Number is Not Acceptable)

170 WEST DEARBORN ST.

City  
ENGLEWOOD, FL 34223

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/24/07

Filing Fee is \$50.00  
Due by May 1, 2007

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
WATSON, GLENN A  
9203 BRIGGS ROAD, UNIT C201  
ENGLEWOOD, FL 34224 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200087412492  
02/06/07--01005--001 \*\*250.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
WATSON, CELESTE P  
9203 BRIGGS ROAD, UNIT C201  
ENGLEWOOD, FL 34224 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/24/07