


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90034 022 \*\*\*\*50.00

<b>DOCUMENT # L06000018432</b> 1. Entity Name <b>MANATEE B/T II LLC</b>					
Principal Place of Business <b>1720 MANATEE AVE W BRADENTON, FL 34205</b>			Mailing Address <b>1720 MANATEE AVE W BRADENTON, FL 34205</b>		
2. Principal Place of Business - No P.O. Box # <b>4217 MARLIN LN</b>		3. Mailing Address <i>Same</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>PALMETTO FL</b>		City & State 			
Zip <b>34221</b>	Country <b>USA</b>	Zip 	Country 		
4. FEI Number 			<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$5.00 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>MCCARTNEY, L L 1720 MANATEE AVE W BRADENTON, FL 34205</b>			7. Name and Address of New Registered Agent Name <b>LUCINDA M. MCCARTNEY</b> Street Address (P.O. Box Number is Not Acceptable) <b>4217 MARLIN LN</b> City <b>PALMETTO FL</b> Zip Code <b>34221</b>		
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 <i>Lucinda M. McCartney</i> (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MCCARTNEY, L L 1720 MANATEE AVE W BRADENTON, FL 34205</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>LUCINDA MCCARTNEY 4217 MARLIN LN PALMETTO FL 34221</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> <i>Lucinda M. McCartney</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <b>4/19/07</b> Daytime Phone # <b>941-812-2076</b>		