2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L99000004006 01-21-2005 90093 026 ****55.00 APF DEVELOPMENT II, LLC. Principal Place of Business Mailing Address 5121 CASTELLO DR. 5121 CASTELLO DR. SUITE 2 SUITE 2 NAPLES, FL 34103 NAPLES, FL 34103 2. Principal Place of Business 3. Mailing Address 3894 Mannix Drive 3894 Mannix Drive Suite, Apt. #, etc. Suite, Apt. #, etc. 01112005 Chg-LLC CR2E083 (10/03) Suite #216 Suite #216 4. FEI Number Applied For City & State City & State Naples, FL 59-3597710 Naples,FL Not Applicable Zip 34114 Country \$5.00 Additional Country V 5. Certificate of Status Desired USA 34114 Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Howard J Murrell, Jr. MURRELL, MR. HOWARD J JR Street Address (P.O. Box Number is Not Acceptable) 5121 CASTELLO DRIVE SUITE 2 NAPLES: FL-34103 3894 Mannix Drive, Suite #216 City Naples 8. The above named entity submits this statement to 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 pr (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. MGR ☐ Delete TITLE MGR TITLE **▼** Change ☐ Addition MURRELL, MR. HOWARD J JR Howard J Murrell, Jr. NAME NAME STREET ADDRESS 5121 CASTELLO DR., SUITE 2 STREET ADDRESS 3894 Mannix Drive, Suite 216 CITY-ST-ZIP NAPLES, FL 34103 CITY-ST-ZIP Naples, FL 34114 TITLE Delete TITLE ☐ Change Addition MGR NAME NAME Stacey L Murrell STREET ADDRESS STREET ADDRESS 3894 Mannix Drive, Suite 216 CITY-ST-7IP CITY - ST - 71P Naples, FL 34114 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TOTALE ☐ Addition □ Deleta ☐ Change IIILE NAME STREET ADVOCAS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-76 CITY-ST-ZIP ☐ Change ☐ Addition TITLE Oelete MLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 frugtee empowered to execute this report as required by Chapter 608, Florida Statutes. [[[m 18/05 (239) 435-7200 SIGNATURE: SIGNATURE AND TYPED OR OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone

FILED

Jan 21, 2005 8:00 am