
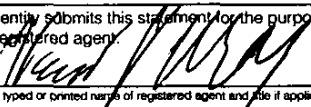
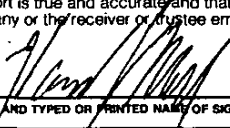


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90093 026 \*\*\*\*55.00

|   |   |  |  |  |  |
|---|---|--|--|--|--|
| <b>DOCUMENT # L99000004006</b><br>1. Entity Name<br><b>APF DEVELOPMENT II, LLC.</b>   |   |  |  |   |  |
| Principal Place of Business<br><b>5121 CASTELLO DR.<br/>SUITE 2<br/>NAPLES, FL 34103</b>  |   |  | Mailing Address<br><b>5121 CASTELLO DR.<br/>SUITE 2<br/>NAPLES, FL 34103</b> |  |  |
| 2. Principal Place of Business<br><b>3894 Mannix Drive</b>  |   | 3. Mailing Address<br><b>3894 Mannix Drive</b> |  |  |  |
| Suite, Apt. #, etc.<br><b>Suite #216</b>  |   | Suite, Apt. #, etc.<br><b>Suite #216</b>       |  |  |  |
| City & State<br><b>Naples, FL</b>   |   | City & State<br><b>Naples, FL</b>              |  |  |  |
| Zip<br><b>34114</b>   | Country<br><b>USA</b>   | Zip<br><b>34114</b>                            | Country<br><b>USA</b>  | 4. FEI Number<br><b>59-3597710</b>   |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>  |   |  |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MURRELL, MR. HOWARD J JR<br/>5121 CASTELLO DRIVE<br/>SUITE 2<br/>NAPLES, FL 34103</b>   |   |  |  | 7. Name and Address of New Registered Agent<br><br>Name <b>Howard J Murrell, Jr.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>3894 Mannix Drive, Suite #216</b><br>City <b>Naples</b> <b>FL</b> Zip Code <b>34114</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   |   |  |  | DATE <b>1/18/05</b>  |  |
| Filing Fee is \$50.00<br>Due by May 1, 2005   |   |  |  | Make check payable to<br>Florida Department of State   |  |
| 9. MANAGING MEMBERS/MANAGERS  |   |  | 10. ADDITIONS/CHANGES  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | MGR<br>MURRELL, MR. HOWARD J JR<br><del>5121 CASTELLO DR., SUITE 2</del><br><del>NAPLES, FL 34103</del> | <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                           | MGR<br>Howard J Murrell, Jr.<br>3894 Mannix Drive, Suite 216<br>Naples, FL 34114   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                           | MGR<br>Stacey L Murrell<br>3894 Mannix Drive, Suite 216<br>Naples, FL 34114  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>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 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |   |  |  |  |  |
| SIGNATURE:   |   |  |  | Date <b>1/18/05</b> (239) 435-7200   |  |