

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000004006

1. Entity Name
APF DEVELOPMENT II, LLC.



Principal Place of Business
**3894 MANNIX DRIVE STE 216
NAPLES, FL 34114**

Mailing Address
**3894 MANNIX DRIVE STE 216
NAPLES, FL 34114**



01102008No Chg-LLC

CRZE083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3597710

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MURRELL, MR. HOWARD J JR
3894 MANNIX DRIVE STE 216
NAPLES, FL 34114**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MGR
MURRELL, MR. HOWARD J JR
3894 MANNIX DRIVE STE 216
NAPLES, FL 34114**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MGR
MURRELL, STACEY L
3894 MANNIX DRIVE STE 216
NAPLES, FL 34114**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

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02/24/06-80020-005 55.00

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IN THIS SPACE**

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:

Howard J Murrell, Jr

2/10/06

(239) 435-7800

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

DATE

DAYTIME PHONE #