

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000005012

FILED
Apr 27, 2006
Secretary of State

Entity Name: M GO BLUE! II L.L.C.

Current Principal Place of Business:

3609 MADACA LANE
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

3609 MADACA LANE
TAMPA, FL 33618

New Mailing Address:

FEI Number: 59-3564951

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REIBER, SAM I
601 E. TWIGGS STREET, SUITE 200
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

TRZCINSKI, RICHARD L
3609 MADACA LANE
TAMPA, FL 33618 US

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.

SIGNATURE: RICHARD L. TRZCINSKI

04/27/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TRZCINSKI, RICHARD
Address: 3609 MADACA LANE
City-St-Zip: TAMPA, FL 33618

Title: MGRM () Delete
Name: TRZCINSKI, RICHARD
Address: 3609 MADACA LANE
City-St-Zip: TAMPA, FL 33618

Title: MGRM () Delete
Name: MILLER, RICHARD DR.
Address: 3609 MADACA LANE
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RICHARD L. TRZCINSKI

MGR

04/27/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date