## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L99000006020

1. Entity Name

CBA PROPERTIES II LLC

Principal Place of Business

SIGNATURE:

331 SOUTH FLORIDA AVENUE

STE 400 LAKELAND, FL 33801-4626 Mailing Address

331 SOUTH FLORIDA AVENUE

STE 400

LAKELAND, FL 33801-4626



**FILED** 

May 05, 2004 08:00 AM Secretary of State

04262004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3598967 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ATKINSON, RONALD C 331 SOUTH FLORIDA AVENUE STE 400 LAKELAND, FL 33801-4626

## DO NOT WRITE IN THIS SPACE

LAKELANI	D, FL 33801-4626	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		(NOTE, Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2004		U00000156228 05/05/04-80069-013 50.00	
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGR ATKINSON, RONALD C 331 SOUTH FLORIDA AVENUE STE 400 LAKELAND, FL 338014626		
TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGR BELCOURT, LLEWELLYN N 331 SOUTH FLORIDA AVENUE STE 400 LAKELAND, FL 338014626		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NO	T WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS	SSPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			

Horason Marked

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