

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 13, 2007 08:00 AM
Secretary of State

DOCUMENT # M01000001565	
1. Entity Name JO ANN LAFAYETTE HOLDINGS II LLC	
Principal Place of Business 1320 ROSCO DR KISSIMMEE, FL 34741	Mailing Address 270 SHELBURNE RD BURLINGTON, VT 05401



03062007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0370638	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HESS, JEAN 1320 ROSCO DR KISSIMMEE, FL 34741	DO NOT WRITE IN THIS SPACE
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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 reappointing) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAFAYETTE, JO ANN 270 SHELBURNE RD BURLINGTON, VT 05401
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**DO NOT WRITE
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: *Jo Ann Lafayette*

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

3-7-07 802-862-4888

Date Daytime Phone #