


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90018 023 ****50.00

DOCUMENT # M01000001972 1. Entity Name MGD DEVELOPMENT OF FLORIDA II, L.L.C.	
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Principal Place of Business 245 SAW MILL RIVER RD. HAWTHORNE, NY 10532	Mailing Address 245 SAW MILL RIVER RD. HAWTHORNE, NY 10532
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2. Principal Place of Business 100 Summit Lake Drive Suite, Apt. #, etc.	3. Mailing Address 100 Summit Lake Drive Suite, Apt. #, etc.
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City & State Valhalla, New York	City & State Valhalla, New York
Zip 10595	Zip 10595
Country United States	Country United States



01122006 Chg-LLC CR2E083 (11/05)

4. FEI Number 13-4187245	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 reinstating)	DATE
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Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GINSBURG, MARTIN 245 SAW MILL RIVER RD. HAWTHORNE, NY 10532 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	manager martin Ginsburg 100 Summit Lake Drive Valhalla, New York 10595 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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: <u>Christine McNabers</u> <u>CEO</u> <u>Christine McNabers</u> <u>1/19/06</u>	Date	Daytime Phone #
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