

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M0100002851**  
 1. Entity Name  
**FJI PLAZA COMPANY II LLC**



Principal Place of Business <b>1104 COUNTRY HILLS DR. OGDEN, UT 84403</b>	Mailing Address <b>1104 COUNTRY HILLS DR. OGDEN, UT 84403</b>
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04072008 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>87-0665882</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$30.00  
 Due by May 1, 2006**

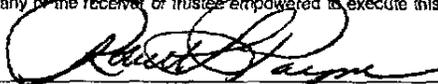
000000516073  
 04/29/06-80235-014 50.00

8. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FJI II MANAGEMENT INC. 1104 COUNTRY HILLS DR. OGDEN, UT 84403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADAMS, J. PHILLIP 1104 COUNTRY HILLS DR OGDEN, UT 84403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PAYNE, ROBERT L 1104 COUNTRY HILLS DR OGDEN, UT 84403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLAYSON, SCOTT D 1104 COUNTRY HILLS DR OGDEN, UT 84403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUGH, FRED 1104 COUNTRY HILLS DR OGDEN, UT 84403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTENSON, JAN 1104 COUNTRY HILLS DR OGDEN, UT 84403

**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:**  **ROBERT L. PAYNE** **SECRETARY** **04/07/2006** **(801) 624-1601**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #