


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # M02000000159
1. Entity Name
BOMASADA INVESTMENT GROUP II, L.L.C.



Principal Place of Business 8980 LAKES AT 610 DRIVE SUITE 200 HOUSTON, TX 77054	Mailing Address 8980 LAKES AT 610 DRIVE SUITE 200 HOUSTON, TX 77054
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01232006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 76-0437846	Applied For 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
CAPITOL CORPORATE SERVICES, INC.
1333 NORTH DUVAL STREET
TALLAHASSEE, FL 32303

**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 re-registering) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRED, STUART L 8980 LAKES AT 610 DRIVE, SUITE 200 HOUSTON, TX 77054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GILBERT, JOHN L 8980 LAKES AT 610 DRIVE, SUITE 200 HOUSTON, TX 77054
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/06/06-80024-008 50.00

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:  _____ Date: 01/23/06 Daytime Phone #: 713-668-6886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE