

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90026 037 ****50.00

DOCUMENT # M02000003026

1. Entity Name
TAMPA OAKS II, L.L.C.



Principal Place of Business
**4200 W. CYRESS ST., STE. 444
TAMPA, FL 33607**

Mailing Address
**4200 W. CYRESS ST., STE. 444
TAMPA, FL 33607**

20033247



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03142006

Chg-LLC

CR2E083 (11/05)

4. FEI Number
30-0126903

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
RAUENHORST, JOSEPH J
1300 SAWGRASS PKWY., STE. 144
SUNRISE, FL 33323** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIP
225 NE Mizner Blvd #675
Boca Raton, FL 33432** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VMGR
GREENFIELD, BARRY
4200 W. CYRESS ST., STE. 444
TAMPA, FL 33607** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VITISID ☒ Change ☐ Addition

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

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

Date

Daytime Phone #

Barry Greenfield **Barry Greenfield**

3-27-06