


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 28, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M03000003970</b> 1. Entity Name <b>FROG POND II MANAGEMENT, LLC</b>	
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Principal Place of Business <b>6260-D DUPONT STATION CT JACKSONVILLE, FL 32217</b>	Mailing Address <b>6260-D DUPONT STATION CT JACKSONVILLE, FL 32217</b>
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**DO NOT WRITE IN THIS SPACE**



07072006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>20-0811209</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>WALTERS, MICHAEL A ESQ 50 N LAURA ST, STE 2600 JACKSONVILLE, FL 32202</b>
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>Filing Fee is \$50.00 Due by September 6, 2006</b>	<b>U000000572694 07/28/06-800009-018 50.00</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>MGR FROG POND INVESTORS, LLC 6260-D DUPONT STATION CT JACKSONVILLE, FL 32217</b>
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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.

<b>SIGNATURE:</b> 	<b>7/26/06</b>	<b>850 205 9025</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>