

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000000058

**FILED**  
**Jan 13, 2006**  
**Secretary of State**

**Entity Name:** NEWLAND NATIONAL PARTNERS II, LLC

**Current Principal Place of Business:**

9820 TOWNE CENTRE DRIVE  
SAN DIEGO, CA 92121

**New Principal Place of Business:**

9820 TOWNE CENTRE DRIVE,  
SUITE 100  
SAN DIEGO, CA 92121

**Current Mailing Address:**

9820 TOWNE CENTRE DRIVE  
SAN DIEGO, CA 92121

**New Mailing Address:**

9820 TOWNE CENTRE DRIVE  
SUITE 100  
SAN DIEGO, CA 92121

**FEI Number:** 77-0610052

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: AMERICAN NEWLAND II., LLC  
Address: 9820 TOWNE CENTRE DRIVE  
City-St-Zip: SAN DIEGO, CA 92121

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: AMERICAN NEWLAND II., LLC  
Address: 9820 TOWNE CENTRE DRIVE, SUITE 100  
City-St-Zip: SAN DIEGO, CA 92121

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHELLE VAN SLACK, AUTHORIZED REP.

MS.

01/13/2006

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Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date