## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Aug 25, 2005 08:00 AM Secretary of State

Daytime Phone #

Date

DOCUMENT # M0400003446  1. Entity Name LAD II REAL ESTATE COMPANY, LLC							Se	cretary of	i State
Principal Place of Business 100 SECOND AVENUE SOUTH STE. 901S ST. PETERSBURG, FL 33701			Mailing Address 100 SECOND AVENUE SOUTH STE. 901S ST. PETERSBURG, FL 33701			3811) E14(: ¥¥    8\$    8\$		# <b>11</b> 1	
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			06282005	Chg-LLC	CR2E083 (10/03)	
City & State			City & State		4. FEI Number 20-145		<del></del>	oplied For of Applicable	
Zip		Country	Zip	Country		5. Certificate	of Status Desired	□ \$5.00 Add Fee Require	
	6. Name	and Address of Current R	egistered Agent	7. Name and Address of New Registered Agent Name					
WYATT, B		UE SOUTH STE. 901	S		Street Address (P.O. Box Number is Not Acceptable)				
ST. PETERSBURG, FL 33701							<u></u>		
			City			<u></u>	FL Zip Cod	le	
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)  CATE									
	Signature, typed	or printed name of registered agent an	d file it applicable. (NOTE	. Hegistere	d Agent signature require	od when reinstating)		DATE	
Filing Fee is \$50.00 Due by September 7, 2005								check payable to Department of Stat	•
9.		MANAGING MEMBER		10.			ADDITIONS/		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		BART DND AVENUE SOUTH S RSBURG, FL 33701					1100000 08725705	□ Change 0377108 -20006-016	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KAROLESKI, JOYCE 100 SECOND AVENUE SOUTH S ST. PETERSBURG, FL 33701		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MADONNA, HARRY 1608 WALNUT STREET STE 1000 SI							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1			∏ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		4			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	CITY	E EET ADDRESS - ST - ZIP			☐ Change	Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 conjugate empowered to execute this report as required by Chapter 608, Florida Statutes.									

ME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE