


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90043 006 ****50.00

DOCUMENT # M05000003706 1. Entity Name NCFLA II MANAGER LLC	
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20043245



Principal Place of Business ONE INDEPENDENT CENTER DRIVE, SUITE 114 C/O CAPITAL PARTNERS, INC. JACKSONVILLE, FL 32202	Mailing Address ONE INDEPENDENT CENTER DRIVE, SUITE 114 C/O CAPITAL PARTNERS, INC. JACKSONVILLE, FL 32202
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2. Principal Place of Business <i>One Independent Dr.</i> Suite, Apt. #, etc. <i>Ste 114</i> City & State <i>Jacksonville FL</i> Zip <i>32202</i> Country	3. Mailing Address <i>One Independent Dr.</i> Suite, Apt. #, etc. <i>Ste 114</i> City & State <i>Jacksonville FL</i> Zip <i>32202</i> Country
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04212006 Chg-LLC CR2E083 (11/05)

4. FEI Number APPLIED FOR <i>20-3117001</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent EVANS, WILLIAM G ONE INDEPENDENT CENTER DRIVE, SUITE 114 C/O CAPITAL PARTNERS, INC. JACKSONVILLE, FL 32202	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 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	MGRM NCFLA II LLC ONE INDEPENDENT CENTER DRIVE, SUITE 114 JACKSONVILLE, FL 32202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NCFLA I LLC One Independent Drive, Ste 114 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 register 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 #

AuthRep 04-28-06 904/356-1978