7160 3901 9848 6310 1900

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N94000000196

1. Entity Name
THE LINDEMANN CHARITABLE FOUNDATION II, INC.

FILED
05 JUN 30 PM 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
60 BLOSSOM WAY
PALM BEACH, FL 33480 US

Mailing Address
C/O RICHARD MELCHNER
111 WEST 40 ST, 12 FL
NEW YORK, NY 10018 US

DO NOT WRITE IN THIS SPACE

406062005 No Chg-NP CR2E037 (10/03)

4. FEI Number
58-2119083
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LINDEMANN, GEORGE L
60 BLOSSOM WAY
W PALM BEACH, FL 33480

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.

000056779920
06/30/05--01022--002 **61.25

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LINDEMANN, GEORGE L
STREET ADDRESS	60 BLOSSOM WAY
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	VD
NAME	LINDEMANN, FRAYDA B
STREET ADDRESS	60 BLOSSOM WAY
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	SD
NAME	LINDEMANN, SLOAN N
STREET ADDRESS	601 INDIAN FIELD ROAD
CITY-ST-ZIP	GREENWICH, CT 06830
TITLE	TD
NAME	LINDEMANN, GEORGE L JR.
STREET ADDRESS	1736 W 28TH ST SUNSET ISLAND #1
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ George L. Lindemann _____ 6/20/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #