

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90085 013 \*\*\*158.75

<b>DOCUMENT # P95000037436</b>														
<b>1. Entity Name</b> ECOSYSTEMS LAND MITIGATION BANK II CORPORATION														
<b>Principal Place of Business</b> 1555 HOWELL BRANCH RD. SUITE C-200 WINTER PARK, FL 32789-1109		<b>Mailing Address</b> 1555 HOWELL BRANCH RD. SUITE C-200 WINTER PARK, FL 32789-1109 US												
<b>2. Principal Place of Business</b> 5104 N. ORANGE BLOSSOM TR. Suite, Apt. #, etc. SUITE 210 City & State ORLANDO, FL Zip 32810 Country USA		<b>3. Mailing Address</b> 5104 N. ORANGE BLOSSOM TRAIL Suite, Apt. #, etc. SUITE 210 City & State ORLANDO, FL Zip 32810 Country USA												
		01052005    Chg-P    CR2E034 (10/03)		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">4. FEI Number</td> <td style="padding: 2px;">59-3321550</td> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td colspan="2"></td> <td style="padding: 2px;">Not Applicable</td> </tr> </table>		4. FEI Number	59-3321550	Applied For			Not Applicable			
4. FEI Number	59-3321550	Applied For												
		Not Applicable												
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required												
<b>6. Name and Address of Current Registered Agent</b>  BUILDER, J. LINDSEY GRAHAM, CLARK, JONES 369 NORTH NEW YORK AVENUE WINTER PARK, FL 32789			<b>7. Name and Address of New Registered Agent</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Name</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;">FL</td> <td style="padding: 2px;">Zip Code</td> </tr> </table>			Name			Street Address (P.O. Box Number is Not Acceptable)			City	FL	Zip Code
Name														
Street Address (P.O. Box Number is Not Acceptable)														
City	FL	Zip Code												
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: _____														
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees												
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>											
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition										
NAME	MCCARTHY, D. MILLER		NAME	5104 N. ORANGE BLOSSOM TRAIL, SUITE 210										
STREET ADDRESS	10461 DOWN LAKEVIEW CIRCLE		STREET ADDRESS	ORLANDO, FL 32810										
CITY-ST-ZIP	WINDERMERE, FL 34786		CITY-ST-ZIP											
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition										
NAME	GERBER, WILLIAM G		NAME											
STREET ADDRESS	1555 HOWELL BRANCH RD, #C-200		STREET ADDRESS											
CITY-ST-ZIP	WINTER PARK, FL		CITY-ST-ZIP											
TITLE	DST	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition										
NAME	FICKETT, ALAN G		NAME	5104 N. ORANGE BLOSSOM TRAIL, SUITE 210										
STREET ADDRESS	1555 HOWELL BRANCH RD STE C-200		STREET ADDRESS	ORLANDO, FL 32810										
CITY-ST-ZIP	WINTER PARK, FL		CITY-ST-ZIP											
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition										
NAME			NAME											
STREET ADDRESS			STREET ADDRESS											
CITY-ST-ZIP			CITY-ST-ZIP											
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NAME			NAME											
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NAME			NAME											
STREET ADDRESS			STREET ADDRESS											
CITY-ST-ZIP			CITY-ST-ZIP											
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 607, 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.														
<b>SIGNATURE:</b> <i>Alan G. Fickett</i> <i>Alan G. Fickett</i> <i>Secretary/Treas.</i>			9/15/05    407-629-7774											
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date    Daytime Phone #											