
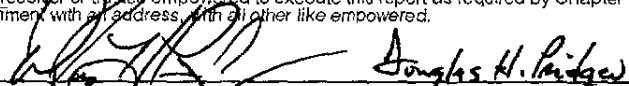


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000005382 1. Entity Name STONEBRIDGE LANDINGS II DEVELOPMENT, INC.					
Principal Place of Business 703 WATERFORD WAY SUITE 800 MIAMI FL 33126			Mailing Address 703 WATERFORD WAY SUITE 800 MIAMI FL 33126		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc		Suite, Apt. #, etc			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				4. FEI Number 65-0795201	
STOSIK, VICTOR L 703 WATERFORD WAY SUITE 800 MIAMI FL 33126				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				7. Name and Address of New Registered Agent	
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.				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD COURTELIS, KIKI L 703 WATERFORD WAY, SUITE 800 MIAMI FL 33126 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000309698 04/16/05-80047-012 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVP VASSILAROS, ELIAS 703 WATERFORD WAY, SUITE 800 MIAMI FL 33126 <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	S KURPS, JAMES 703 WATERFORD WAY, SUITE 800 MIAMI FL 33126 <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	T PRIDGEN, DOUGLAS 703 WATERFORD WAY, SUITE 800 MIAMI FL 33126 <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	VD MCNEEL, VAN L 5401 W KENNEDY BLVD TAMPA FL 33069 <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	PD PITTS, W. DOUGLAS 703 WATERFORD WAY, SUITE 800 MIAMI FL 33126 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.					
SIGNATURE:  Douglas H. Pridgen 4/4/5 305-261-4330 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					