

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # L0000003528 1. Entity Name 1621 VENTURE II, LLC	
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Principal Place of Business ONE SAN JOSE PLACE SUITE 7 JACKSONVILLE FL 32256	Mailing Address ONE SAN JOSE PLACE SUITE 7 JACKSONVILLE FL 32256
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/06)

City & State Zip Country	City & State Zip Country	4. FEI Number 59-3635045	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SMITH, V. HAWLEY JR. ONE SAN JOSE PL. #7 JACKSONVILLE FL 32257	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 remaining) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE	P <input type="checkbox"/> Delete
NAME	STOKES, E. CHESTER JR.
STREET ADDRESS	4315 PABLO OAKS ST 1
CITY- ST- ZIP	JACKSONVILLE FL 32257
TITLE	VS <input type="checkbox"/> Delete
NAME	SMITH, V. HAWLEY JR.
STREET ADDRESS	ONE SAN JOSE PL. #7
CITY- ST- ZIP	JACKSONVILLE FL 32257
TITLE	<input type="checkbox"/> Delete
NAME	-
STREET ADDRESS	-
CITY- ST- ZIP	-
TITLE	<input type="checkbox"/> Delete
NAME	-
STREET ADDRESS	-
CITY- ST- ZIP	-
TITLE	<input type="checkbox"/> Delete
NAME	-
STREET ADDRESS	-
CITY- ST- ZIP	-

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U000000751996
STREET ADDRESS	05/18/07-80122-018 50.00
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *V. Hawley Smith Jr.* 4-24-07 904-268-9990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #