


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90076 003 ***138.75

DOCUMENT # L00000007841

1. Entity Name
VANGUARD PARTNERS II, LLC



Principal Place of Business
**250 DAVISVILLE AVENUE SUITE 108
 TORONTO ONTARIO
 CANADA M4S 1H2, ON**

Mailing Address
**250 DAVISVILLE AVENUE SUITE 108
 TORONTO ONTARIO
 CANADA M4S 1H2, ON**

60008878



2. Principal Place of Business - No P.O. Box #
498 Palm Springs Dr.

3. Mailing Address **C/O B Richard Ellis**
20 N. Orange Ave

Suite, Apt. #, etc.
SUITE 100 **SUITE 802**

01302008 Chg-LLC CR2E083 (12/06)

City & State
Altamonte Springs FL **Orlando, FL**

Zip
32701 **32801**

Country
US **US**

4. FEI Number
59-3656211

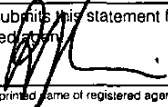
Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
**NRAI SERVICES, INC.
 2731 EXECUTIVE PARK DRIVE
 SUITE 4
 WESTON, FL 33331**

7. Name and Address of New Registered Agent
 Name: **Ronald Liss c/o FE Properties**
 Street Address (P.O. Box Number is Not Acceptable)
498 Palm Springs Dr.
SUITE 100
 City **Altamonte Springs** **FL** Zip Code **32701**

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  DATE **2-1-08**

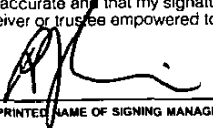
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	R SHARON, SHLOMO 250 DAVISVILLE AVENUE, SUITE 108 TORONTO, ON, CANADA, ON m4s 1h2	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Ronald J. Liss 498 Palm Springs Dr. Suite 100 Altamonte Springs, FL 32701
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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **RONALD J. LISS** Date **2/1/08** Daytime Phone # **407-592-7986**

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