


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

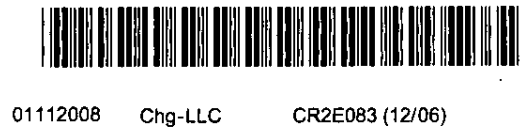
FILED
Mar 10, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000070351
 1. Entity Name
 CDG MAGNOLIA CROSSING II, LLC



Principal Place of Business Mailing Address
 2950 S.W. 27TH AVENUE, SUITE 200 2950 S.W. 27TH AVENUE, SUITE 200
 MIAMI, FL 33133 MIAMI, FL 33133

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



4. FEI Number 20-5217880 Applied For Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required
 6. Name and Address of Current Registered Agent
 MCDONOUGH, BRIAN J
 2200 MUSEUM TOWER, 150 WEST FLAGLER STREET
 MIAMI, FL 33130
 7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	MRGM GREER, MATTHEW 2950 SW 27TH AVE STE 200 MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000851421 03/25/08-80039-001 143.75
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
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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____