



FILED
Apr 11, 2008 8:00 am
Secretary of State

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02-01-2008 90048 006 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000001349					
1. Entity Name SHOPPES OF BLUE LAKE II, LLC					
Principal Place of Business 2200 NW 2 AVENUE, SUITE 220 BOCA RATON, FL 33431			Mailing Address 2200 NW 2 AVENUE, SUITE 220 BOCA RATON, FL 33431		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0902323	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HEISE, MARTIN P 2200 NW 2 AVENUE, SUITE 220 BOCA RATON, FL 33431			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ <small>Signature typed in printed name of registered agent and date of filing. (NOTE: If registered agent signature required when renewing)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$638.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MEMBER	<input type="checkbox"/> Delete	TITLE	MG-RM	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERSON, GERALD S		NAME	BERSON, GERALD S	
STREET ADDRESS	947 CONT MOORE RD		STREET ADDRESS	2200 NW 2 Ave, Ste 220	
CITY- ST- ZIP	BOCA RATON, FL 33487		CITY- ST- ZIP	Boca Raton, FL 33431	
TITLE	MEMBER	<input type="checkbox"/> Delete	TITLE	MG-RM	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEISE, MARTIN P		NAME	MARTIN P HEISE	
STREET ADDRESS	947 CONT MOORE RD		STREET ADDRESS	2200 NW 2 Ave, Ste 220	
CITY- ST- ZIP	BOCA RATON, FL 33487		CITY- ST- ZIP	Boca Raton, FL 33431	
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		
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		
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		
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 correct 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 its receiver or trustee appointed to execute this report as required by Chapter 606, Florida Statutes.					
SIGNATURE: 			Date: 4/30/08 561-997-0045		
<small>SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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