


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # M03000000904  
 1. Entity Name  
 CAP II FLORIDA, LLC



Principal Place of Business  
 556 COMMERCIAL STREET STE. 300  
 SAN FRANCISCO, CA 94111

Mailing Address  
 556 COMMERCIAL STREET STE. 300  
 SAN FRANCISCO, CA 94111

**DO NOT WRITE IN THIS SPACE**



01302007No Chg-LLC CR2E083 (11/05)

4. FEI Number  
 56-2327544

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

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)

**Filing Fee is \$50.00  
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FIDELITY CAP II, LLC 556 COMMERCIAL STREET STE. 300 SAN FRANCISCO, CA 94111
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 04/25/07-80032-013 50.00

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: Charles Kocossy 4/15/07 788-0700  
 \_\_\_\_\_ Date: 4/15/07 Day/In Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE