

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAR 18 PM 12:09



DOCUMENT # M06000005823
1. Entity Name
CFO2 PALM BEACH II GP, LLC

Principal Place of Business: 5 GREENWAY PLAZA, SUITE 1300 HOUSTON, TX 77046
Mailing Address: 5 GREENWAY PLAZA, SUITE 1300 HOUSTON, TX 77046

DO NOT WRITE IN THIS SPACE



02042008 No Chg-LLC CR2E083 (12/07)

4. FEI Number: 20-5690391 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

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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 _____ 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
900-120531969
03/18/08--01001--010 **555.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BACON, THOMAS G 5 GREENWAY PLAZA, SUITE 1300 HOUSTON, TX 77046
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DUBROWSKI, DANIEL R 5 GREENWAY PLAZA, SUITE 1300 HOUSTON, TX 77046
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LOWENSTEIN, GLENN L 5 GREENWAY PLAZA, SUITE 1300 HOUSTON, TX 77046
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP John Emerson 5 Greenway Plaza, Suite 1300 Houston, TX 77046
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: John Emerson John Emerson Vice President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE
Date: _____ Daytime Phone #: 713-533-5860