

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000006770

FILED
Jul 09, 2008
Secretary of State

Entity Name: MMI II RESERVE AT CLEARWATER, LLC

Current Principal Place of Business:

MILESTONE MULTIFAMILY INVESTORS II, LP
5429 LBJ FREEWAY - STE 800
DALLAS, TX 75240

New Principal Place of Business:

MMI II RESERVE AT CLEARWATER LLC
5429 LBJ FREEWAY - STE 800
DALLAS, TX 75240

Current Mailing Address:

MILESTONE MULTIFAMILY INVESTORS II, LP
5429 LBJ FREEWAY - STE 800
DALLAS, TX 75240

New Mailing Address:

MMI II RESERVE AT CLEARWATER LLC
5429 LBJ FREEWAY - STE 800
DALLAS, TX 75240

FEI Number: 75-3260000 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MILESTONE MULTIFAMILY INVESTORS II, LP
Address: 5429 LBJ FREEWAY - STE 800
City-St-Zip: DALLAS, TX 75240

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHRISTOPHER PHILLIPS

MBR

07/09/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date