

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Apr 16, 2009
Secretary of State**

DOCUMENT# P04000165010

Entity Name: PENINSULA II DEVELOPERS, INC.

Current Principal Place of Business:

C/O CRE BOCA OPCO, LLC
11900 BISCAYNE BLVD, SUITE 809
NORTH MIAMI, FL 33181

New Principal Place of Business:

Current Mailing Address:

C/O CRE BOCA OPCO, LLC
11900 BISCAYNE BLVD, SUITE 809
NORTH MIAMI, FL 33181

New Mailing Address:

FEI Number: 20-1980842 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KRAVIT, RONALD
Address: 11900 BISCAYNE BLVD 809
City-St-Zip: MIAMI, FL 33181

Title: D () Delete
Name: ARNOLD, THOMAS
Address: 11900 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33181

Title: D () Delete
Name: SCHIERMBOCK, CHRIS
Address: 11900 BISCAYNE BLVD 809
City-St-Zip: MIAMI, FL 33181

Title: S/T () Delete
Name: BENJAMIN, ALEXANDER
Address: 11900 BISCAYNE BLVD 809
City-St-Zip: MIAMI, FL 33181

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: EVP () Change (X) Addition
Name: RAMOS, JEFFREY
Address: 11900 BISCAYNE BLVD 809
City-St-Zip: MIAMI, FL 33181

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRAVIT RONALD

D

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date