


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # L0100000601
 1. Entity Name
STRATEGIC CROSSING PHASE II, L.L.C.



| | |
|---|--|
| Principal Place of Business 17 WEST CEDAR STREET SUITE 3 PENSACOLA, FL 32501 | Mailing Address P.O. BOX 12725 PENSACOLA, FL 32501 |
|---|--|



DO NOT WRITE IN THIS SPACE

04142008 No Chg-LLC CR2E083 (12/07)

| | |
|---|---------------------------------------|
| 4. FEI Number 59-3695067 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

BOOKMAN, ALAN B
 30 SOUTH SPRING STREET
 PENSACOLA, FL 32501

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000902322
 04/30/08-80002-002 138.75

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|------------------------------|
| TITLE | MGR |
| NAME | NASH, NEAL B |
| STREET ADDRESS | 120 E. MAIN STREET SUITE A |
| CITY-ST-ZIP | PENSACOLA, FL 32502 |
| TITLE | MGR |
| NAME | CARR, JOHN S |
| STREET ADDRESS | 17 WEST CEDAR STREET SUITE 3 |
| CITY-ST-ZIP | PENSACOLA, FL 32502 |
| TITLE | MGR |
| NAME | NICKELSEN, ERIC J |
| STREET ADDRESS | 17 WEST CEDAR STREET SUITE 3 |
| CITY-ST-ZIP | PENSACOLA, FL 32502 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| 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.