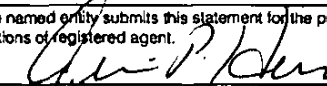


FILED
Jun 16, 2008 8:00 am
Secretary of State

05-14-2008 90082 022 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L07000004483				
1. Entity Name RALEIGH PROPERTY PARTNERS II LLC				
Principal Place of Business 2800 PONCE DE LEON BLVD., SUITE 1125 MIAMI, FL 33134		Mailing Address 2800 PONCE DE LEON BLVD., SUITE 1125 MIAMI, FL 33134	30009337 	
2. Principal Place of Business - No P.O. Box # 1600 NW 163 Street		3. Mailing Address 1600 NW 163 Street		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State Miami, FL		City & State Miami, FL		
Zip 33169	Country US	Zip 33169	Country US	04182008 Chg-LLC CR2E083 (12/06)
4. FEI Number 26-1579122		Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				
6. Name and Address of Current Registered Agent SEIF, EVAN D 2800 PONCE DE LEON BLVD., SUITE 1125 MIAMI, FL 33134		7. Name and Address of New Registered Agent Name Alison P. Herman Street Address (P.O. Box Number is Not Acceptable) 1600 NW 163 Street City Miami FL Zip Code 33169		
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  Alison P. Herman 4/18/08 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE				
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$638.75		Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Chaplin, Wayne 1600 NW 163 St Miami, FL 33169 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Becker, Steven R 1600 NW 163 St Miami, FL 33169 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 606, Florida Statutes.				
SIGNATURE: 		Steven R. Becker 4/18/08 305-625-4171 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #		