that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHRISTIE RODA

Electronic Signature of Signing Authorized Person(s) Detail

Name and Address of Current Registered Agent:

RODA, CHRISTIE 4406 MEADOWWOOD WAY TAMPA, FL 33618 US

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

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	RODA, CHRISTIE	Name	RODA, THOMAS
Address	PO BOX 340853	Address	PO BOX 340853
City-State-Zip:	TAMPA FL 33694	City-State-Zip:	TAMPA FL 33694

I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

DOCUMENT# L12000130600

Entity Name: RENTAL PROPERTIES OF TAMPA BAY II LLC

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

4406 MEADOWWOOD WAY TAMPA, FL 33618

Current Mailing Address:

PO BOX 340853 **TAMPA FL 33694**

FEI Number: 46-1190841

Certificate of Status Desired: No

MGRM

FILED Jan 25, 2015 Secretary of State CC2574049140

Date

01/25/2015

Date