

**2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000006618

**Entity Name:** SPIRIT MASTER FUNDING II, LLC

**Current Principal Place of Business:**

16767 NORTH PERIMETER DRIVE  
SUITE #210  
SCOTTSDALE, AZ 85260

**Current Mailing Address:**

16767 NORTH PERIMETER DRIVE  
SUITE #210  
SCOTTSDALE, AZ 85260 US

**FEI Number:** 20-2928350

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           BARRETT, JONI G.  
Address       16767 NORTH PERIMETER DRIVE  
                  SUITE #210  
City-State-Zip: SCOTTSDALE AZ 85260

Title           MANAGER  
Name           BENDER, MICHAEL A.  
Address       16767 NORTH PERIMETER DRIVE  
                  SUITE #210  
City-State-Zip: SCOTTSDALE AZ 85260

Title           MANAGER  
Name           MAVOIDES, PETER M.  
Address       16767 NORTH PERIMETER DRIVE  
                  SUITE #210  
City-State-Zip: SCOTTSDALE AZ 85260

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MICHAEL A. BENDER**

**MANAGER**

**04/10/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date