

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000002086

**Entity Name:** WALNUT & VINE PROPERTIES II, LLC**Current Principal Place of Business:**38 FOUNTAIN SQUARE PLAZA  
CINCINNATI, OH 45263**Current Mailing Address:**38 FOUNTAIN SQUARE PLAZA  
CINCINNATI, OH 45263**FEI Number:** 31-0676865**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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:** TERRY FERRENTINO

01/02/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            CAGLE , CHRISTOPHER  
Address        38 FOUNTAIN SQUARE PLAZA  
City-State-Zip: CINCINNATI OH 45263

Title            CFO  
Name            TUZUN, TAYFUN  
Address        38 FOUNTAIN SQUARE PLAZA  
City-State-Zip: CINCINNATI OH 45263

Title            TREASURER  
Name            LEONARD, JAMES  
Address        38 FOUNTAIN SQUARE PLAZA  
City-State-Zip: CINCINNATI OH 45263

Title            SENIOR VICE PRESIDENT  
Name            LEHMKUHL, DON  
Address        38 FOUNTAIN SQUARE PLAZA  
City-State-Zip: CINCINNATI OH 45263

Title            ASSISTANT SECRETARY  
Name            KOJETIN, ERICA R  
Address        38 FOUNTAIN SQUARE PLAZA  
City-State-Zip: CINCINNATI OH 45263

Title            CHIEF LEGAL OFFICER AND  
SECRETARY  
Name            ZAUNBRECHER, SUSAN B  
Address        38 FOUNTAIN SQUARE PLAZA  
City-State-Zip: CINCINNATI OH 45263

Title            ASSISTANT SECRETARY  
Name            BARROW, SHANNON  
Address        38 FOUNTAIN SQUARE PLAZA  
City-State-Zip: CINCINNATI OH 45263

Title            ASSISTANT SECRETARY  
Name            MACHEN, MONIKA  
Address        38 FOUNTAIN SQUARE PLAZA  
City-State-Zip: CINCINNATI OH 45263

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

**SIGNATURE:** SHANNON BARROW**ASSISTANT SECRETARY** 01/02/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date