| DOCUMENT # A0500001517 1. Entity Name SOFRAN DAVENPORT PHASE II, LTD. Principal Place of Business 4312 PABLO PROFESSIONAL CT. JACKSONVILLE, FL 32224 | | | | FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 09 FEB - 3 PM 2: 41 T. | |
|--|--|--|---|--|---|
| | | | | | |
| | | | | 01052009 No Chg-LP | CR2E003 (11/08) |
| DO NOT WRITE IN THIS SPA | | | PACE | FEI Number 20-3280025 5. Certificate of Status Desired | Applied For Not Applicat \$8.75 Additional Fee Required |
| | 6. Name and Address of Current R | egistered Agent | | | |
| ROULEAU, ROBERT 4312 PABLO PROFESSIONAL CT. JACKSONVILLE, FL 32224 | | | | DO NOT W IN THIS SF | — |
| the obligati | named entity submits this statement for i | * the the | gistered office or registe | red agent, or both, in the State of Fic | |
| | Signature, typed or printed name of registered agent an | | | | DATE |
| | After May 1, 20 | III FEE IS \$500.00 09, Fee will be \$900.0 | | | |
| | | | | TERED AND ACTIVE WITH TH nt must be filed to change a ge | |
| 12. DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZiP | GENERAL PARTNER | 12 | | 900142 2 01/28/0901021 | 272109 025 **500.00 |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | | | | DO NOT W | RITE |
| DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP | | | | IN THIS SP | ACE |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| I hereby o indicated or the receiption | certify that the information sopplied with on this report is true and accurate and t eiver or trustee empowered to execute t | this filing does not qualify for nat my signature shall have the is report as required by Chap | the exemptions contain e same legal effect as if oter 620, Florida Statutes | ed in Chapter 119, Florida Statutes. made under oath; that I am a Gener | I further certify that the informatio al Partner of the limited partnershi |

T. Hampton FEB - 4 2009