2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

TALLAHASSEE, FLORIDA **DOCUMENT # A97000002122** 1. Entity Name 08 MAR 28 AM 8: 38 METRO PLACE II, LTD. Mailing Address Principal Place of Business 707 MENDIJAM BLVD, SUITE 201 707 MENDHAM BLVD. SUITE 201 ORLANDO, FL 32825 ORLANDO, FL 32825 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 495 N. Keller Rd Suite, Apt. #, etc. 495 N. Keller Rd. Suite, Apt. #, etc. 02292008 CR2E003 (12/06) Chg-LP Ste. 301 Ste. 301 City & State City & State 4. FEI Number Applied For Maitland, FL Maitland, FL 59-3474380 Not Applicable Zip Zio Country Country \$8.75 Additional 5. Certificate of Status Desired П 32751 32751 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Louis E. Vogt VOGT, LOUIS E 707 MENDHAM BLVD, STE 201 Street Address (P.O. Box Number is Not Acceptable) ORLANDO, FL 32825 495 N. Keller Rd., Ste. 301 City Maitland 8. The above named entity sub this state t for the purpose of Clar anging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registers Lowis E. Voqt SIGNATURE FILE NOW!!! FEE 18 \$500.00 After May 1, 2008, Fee will be \$900.00 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. GENERAL PARTNER INFORMATION 12. 13. ADDRESS CHANGES ONLY DOCUMENT # L06000069629 STREET ADDRESS 495 N. Keller Rd., Ste. 301 NAME BRM METRO PLACE II, LLC STREET ADDRESS 707 MENDHAM BLVD, SUITE 201 CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32825 Maitland, EL 32751 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 900120972019 03/24/08--01002--021 **500.00 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP COY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7/P HERE CITY-ST-ZIP DOCUMENT # STREET ADDRESS CHECK NAME STREET ADORESS CITY-ST-7P CITY-ST-ZIP щ DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP City-St-7P 14. I hereby certify that the information supplied with the filling 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes SIGNATURE: Louis E. Voqt 407-478-1290 G GENERAL PARTNER Davome Phone it

FILED SECRETARY OF STATE