

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000000177

**FILED**  
**May 03, 2005**  
**Secretary of State**

**Entity Name:** FALCON PARTNERS REALTY AND CAPITAL II, LLC

**Current Principal Place of Business:**

3300 UNIVERSITY DRIVE  
SUITE 001  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

3300 UNVERISTY DRIVE  
SUITE 001  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

3300 UNIVERSITY DRIVE  
SUITE 001  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

**FEI Number:** 65-0973001      **FEI Number Applied For** ( )      **FEI Number Not Applicable** ( )      **Certificate of Status Desired** (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

DIFIORE, CORA  
3300 UNIVERSITY DR  
CORAL SPRINGS, FL 33065    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

**MANAGING MEMBERS/MEMBERS:**

**ADDITIONS/CHANGES:**

Title: MGR      ( ) Delete  
Name: TRANSEASTERN PROPERT, IES, INC  
Address: 3300 UNIVERSITY DR.  
City-St-Zip: CORAL SPRINGS, FL 33065

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: CORA DIFIORE

D

05/03/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date