2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000004174

Entity Name: ANNTHOMAS II ASSOCIATES, LLC

Name:

Address:

City-St-Zip:

FILED Apr 23, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
1301- NE 100 MIAMI, FL 33						
Current Mailing Address:				New Mailing Address:		
C/O A GIGNO #7 MACBETH DR OLD BRIDGE, NJ 08857				1301- NE 100 ST MIAMI, FL 33138		
FEI Number: 65-1009512 FEI Number Applied For () FEI Num			nber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
CIGNO, ANTO 1301- NE 100 MIAMI, FL 33	ST			CIGNO, NA 1301- NE 1 MIAMI, FL	00 ST	
The above na in the State of		omits this statement for the pu	rpose of	f changing it	s registered offi	ice or registered agent, or both,
SIGNATURE: NANCY CIGNO						04/23/2009
	Electronic	Signature of Registered Agen	t			Date
MANAGING MEMBERS/MANAGERS:				ADDITIONS/CHANGES:		
Name: C Address: #	IGR () De IGNO, ANTOINE ^T 7 MACBETH DR ILD BRIDGE, NJ	ITE C		Title: Name: Address: City-St-Zip:	MGRM (X) C CIGNO, NANCY A 1301 NE 100 STF MIAMI, FL 33138	REET
Title: Name: Address: City-St-Zip:	() De	elete		Title: Name: Address: City-St-Zip:	MGRM () C CIGNO, THOMAS 11 STANDISH DR RIDGEFIELD, CT	₹
Title: Name: Address: City-St-Zip:	() De	elete		Title: Name: Address: City-St-Zip:	MGRM () C SEITZ, ANGELA PO BOX 347348 MIAMI, FL 33234	Change (X) Addition
Title: Name: Address: City-St-Zip:	() De	elete		Title: Name: Address: City-St-Zip:	MGRM () C CIGNO, JEAN PO BOX 347348 MIAMI, FL 33234	Change (X) Addition
Title:	() De	elete		Title:	MGRM ()C	Change (X) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

Name:

Address:

City-St-Zip:

CIGNO, ROSEANNE

PO BOX 347348

MIAMI, FL 33234

SIGNATURE: NANCY CIGNO **MGRM** 04/23/2009