

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90076 003 ***138.75

DOCUMENT # L00000007841 1. Entity Name VANGUARD PARTNERS II, LLC					
Principal Place of Business 250 DAVISVILLE AVENUE SUITE 108 TORONTO ONTARIO CANADA M4S 1H2, ON			Mailing Address 250 DAVISVILLE AVENUE SUITE 108 TORONTO ONTARIO CANADA M4S 1H2, ON		
2. Principal Place of Business - No P.O. Box # 498 Palm Springs Dr.		3. Mailing Address 20 N. Orange Ave			
Suite, Apt. #, etc. SUITE 100		Suite, Apt. #, etc. SUITE 802		01302008 Chg-LLC CR2E083 (12/06)	
City & State Altamonte Springs FL		City & State Orlando FL		4. FEI Number 59-3656211	
Zip 32701		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331			7. Name and Address of New Registered Agent Name: Ronald Liss c/o FE Properties Street Address (P.O. Box Number is Not Acceptable) 498 Palm Springs Dr. SUITE 100 City Altamonte Springs FL Zip Code 32701		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: DATE: 2-1-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	R SHARON, SHLOMO 250 DAVISVILLE AVENUE, SUITE 108 TORONTO, ON, CANADA, ON m4s 1h2	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ronald J. Liss 498 Palm Springs Dr. Suite 100 Altamonte Springs, FL 32701	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing 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 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: RONALD J. LISS			Date: 2/1/08 Daytime Phone #: 407-592-7986		