2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2008
Secretary of State

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Entity Name: DMCMAG II, LLC

Current Principal Place of Business:

6303 BLUE LAGOON DRIVE, SUITE 380
MIAMI, FL 33126

New Principal Place of Business:

12555 ORANGE DRIVE
SUITE 126
DAVIE, FL 33330

Current Mailing Address:

6303 BLUE LAGOON DRIVE, SUITE 380
MIAMI, FL 33126

New Mailing Address:

12555 ORANGE DRIVE
SUITE 126
DAVIE, FL 33330

FEI Number: 65-1021016 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANANIA, FRANCIS A
100 S.E. 2ND STREET, SUITE 4300
MIAMI, FL 331312144 US

Name and Address of New Registered Agent:

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/MANAGERS:

Title: MGR ( ) Delete
Name: GOLDBERG, MICHAEL A
Address: 6303 BLUE LAGOON DR., STE 380
City-St-Zip: MIAMI, FL 33126

Title: MGRM ( ) Delete
Name: CLARK, DAVE M
Address: 6303 BLUE LAGOON DR., STE 380
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: GOLDBERG, MICHAEL A
Address: 12555 ORANGE DRIVE, STE 126
City-St-Zip: DAVIE, FL 33330

Title: MGRM (X) Change ( ) Addition
Name: CLARK, DAVE M
Address: 12555 ORANGE DRIVE, STE 126
City-St-Zip: DAVIE, FL 33330

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.

SIGNATURE: MICHAEL A. GOLDBERG MGR 04/10/2008

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