


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000004258 1. Entity Name VAULT - I-295 II, LLC	
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Principal Place of Business 7220 FINANCIAL WAY, SUITE 400 JACKSONVILLE, FL 32256	Mailing Address 7220 FINANCIAL WAY, SUITE 400 JACKSONVILLE, FL 32256
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DO NOT WRITE IN THIS SPACE



04092007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 60-0000141	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**ALLEN, JOHN J
 7220 FINANCIAL WAY, SUITE 400
 JACKSONVILLE, FL 32256**

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2007**

000000708817
 04/24/07-80130-013 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ALLEN, JOHN J 7220 FINANCIAL WAY, SUITE 400 JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JOOS, WILLIAM J 11234 SAN JOSE BLVD. JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ENGLAND, JAMES E 14775 ST. AUGUSTINE ROAD JACKSONVILLE, FL 32258
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM THIMS, ROBERT E 14775 ST. AUGUSTINE ROAD JACKSONVILLE, FL 32258
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MILLER, DOUGLAS C 14775 ST. AUGUSTINE ROAD JACKSONVILLE, FL 32258
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MATTHEWS, N. HUGHS 14775 ST. AUGUSTINE ROAD JACKSONVILLE, FL 32258

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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:   v.p. 4/12/07 904 246 8004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #