

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000011014

Entity Name: THE TOFINO GROUP II, LLC

FILED
Apr 10, 2007
Secretary of State

Current Principal Place of Business:

C/O BRADLEY S. HARTMAN
10000 STIRLING RD SUITE ONE
COOPER CITY, FL 33024

New Principal Place of Business:

Current Mailing Address:

C/O BRADLEY S. HARTMAN
10000 STIRLING RD SUITE ONE
COOPER CITY, FL 33024

New Mailing Address:

FEI Number: 71-0872970

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARTMAN, BRADLEY S
10000 STIRLING ROAD, SUITE 1
COOPER CITY, FL 33024 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: MGRM () Delete
Name: HARTMAN, BRADLEY S
Address: 10000 STIRLING ROAD, SUITE 1
City-St-Zip: COOPER CITY, FL 33024

Title: MGRM () Delete
Name: SHAMBORA, PAUL
Address: 3020 N. 34 STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGRM () Delete
Name: JACOBSON, MEL S
Address: 3825 HENDERSON BLVD., SUITE 100
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES:

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

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

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 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: BRADLEY S. HARTMAN

MGMR

04/10/2007

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