

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90280 046 ****50.00

DOCUMENT # L01000011768

1. Entity Name
KEOWEE PROPERTIES II, LLC



Principal Place of Business Mailing Address
777 SOUTH HARBOUR ISLAND BOULEVARD, #765 TAMPA, FL 33602 **777 SOUTH HARBOUR ISLAND BOULEVARD, #765 TAMPA, FL 33602**

24014156



2. Principal Place of Business 3. Mailing Address
1700 S. MACDILL AVE **1700 S. MACDILL AVE**

Suite, Apt. #, etc.
STE 220

Suite, Apt. #, etc.
SUITE 220

City & State
TAMPA FL

City & State
TAMPA FL

Zip Country
33629 HILLSBOROUGH

Zip Country
33629 HILLSBOROUGH

01122004 Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3731359 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MURRAY, MICHAEL S
777 SOUTH HARBOUR ISLAND BOULEVARD, #765
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1700 S. MACDILL AVE - STE 220
City **TAMPA** FL Zip Code **33629**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME MURRAY, MICHAEL S
STREET ADDRESS 777 HARBOUR ISLAND BLVD # 765
CITY-ST-ZIP TAMPA, FL 33602

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **1700 S. MACDILL AVE - STE 220**
CITY-ST-ZIP **TAMPA, FL 33629**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-20-04

Date

813.223.2424

Daytime Phone #