

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90133 002 ***138.75

DOCUMENT # L02000007017		
1. Entity Name ANTINORI PROPERTIES II, LLC		

Principal Place of Business 4908 ST. CROIX DRIVE TAMPA, FL 33629 US	Mailing Address P.O. BOX 89456 TAMPA, FL 33689 US
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60005699



2. Principal Place of Business - No P.O. Box #	3. Mailing Address <i>3217 S. DALE Mabry Hwy.</i>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State <i>Tampa, FL</i>
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Zip	Country	Zip <i>33629</i>	Country <i>USA</i>
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01152008 Chg-LLC CR2E083 (12/06)

4. FEI Number 75-3056299	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ANTINORI, STEVEN J 4908 ST. CROIX DRIVE TAMPA, FL 33629	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 <i>[Signature]</i> STEVE Antinori 1-30-08 <small>Signature, typed or printed name of registered agent, and title, if applicable. (NOTE: Registered Agent signature required when reinstalling)</small> DATE	
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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ANTINORI, STEVEN J 4908 ST. CROIX DRIVE TAMPA, FL 33629 <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
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: <i>[Signature]</i> STEVE Antinori 1/30/08 813-835-0828 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> Date Daytime Phone #	