

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

DOCUMENT # L02000014628

1. Entity Name?

EGRET POINT II, L.L.C.



SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB -8 AM 11:59

Principal Place of Business
7385 GALLOWAY ROAD
SUITE 200
MIAMI FL 33173

Mailing Address
7385 GALLOWAY ROAD
SUITE 200
MIAMI FL 33173



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 06-1639005

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MULLER, CHARLES E II
7385 GALLOWAY ROAD
SUITE 200
MIAMI FL 33173

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

Date

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
DESANTIS, DEAN
799 SANCTUARY DRIVE
BOCA RATON FL 33431 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VP
DESANTIS, LAURA
799 SANCTUARY DRIVE
BOCA RATON FL 33431 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
900118422439
02/20/08--01011--002 **416.25

TITLE
NAME
☐ Delete

TITLE
NAME
☐ Change ☐ Addition

STREET ADDRESS
CITY- ST- ZIP

STREET ADDRESS
CITY- ST- ZIP

TITLE
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CITY- ST- ZIP
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TITLE
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☐ Change ☐ Addition

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☐ Delete

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

Date

Signature Price \$

Dean Desantis
Authorized Representative 1/27/08

305-
670-6770