

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000015689

Entity Name: GRAND OAKS VILLAGE II, LLC

FILED
Jan 19, 2007
Secretary of State

Current Principal Place of Business:

425 WEST COLONIAL DRIVE, SUITE 201
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

425 WEST COLONIAL DRIVE, SUITE 201
ORLANDO, FL 32804

New Mailing Address:

FEI Number: 59-3756146

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEAN MEAD SERVICES, LLC
800 NORTH MAGNOLIA AVENUE, SUITE 1500
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

MCALPIN, CARYL C
425 WEST COLONIAL DRIVE
SUITE 201
ORLANDO, FL 32804 US

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: CARYL C. MCALPIN

01/19/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CURTIS, PAUL L
Address: 425 WEST COLONIAL DRIVE, SUITE 201
City-St-Zip: ORLANDO, FL 32804

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MCALPIN, CARYL C
Address: 425 WEST COLONIAL DRIVE, SUITE 201
City-St-Zip: ORLANDO, FL 32804

Title: MGR () Change (X) Addition
Name: CURTIS, CLINTON A
Address: 425 WEST COLONIAL DRIVE, SUITE 201
City-St-Zip: ORLANDO, FL 32804

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: CARYL C. MCALPIN

PRES

01/19/2007

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