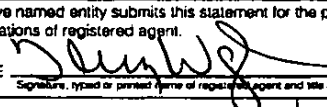
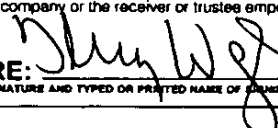


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-03-2008 90073 001 ***138.75

DOCUMENT # L02000015736			
1. Entity Name PROPERTY COUNSELORS MANAGEMENT GROUP II, LLC			
Principal Place of Business 7650 CAMBRIDGE MANOR PL SUITE 101 FORT MYERS, FL 33907		Mailing Address P.O. BOX 60195 FORT MYERS, FL 33906-6195	
2. Principal Place of Business - No P.O. Box # 12631 Westlinks Dr		3. Mailing Address Suite, Apt. #, etc.	
Suite, Apt. #, etc. #7		Suite, Apt. #, etc.	
City & State Fort Myers FL		City & State	
Zip 33913	Country U.S.	Zip	Country
4. FEI Number 38-3652900		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WAYLAND, TERRY R JR. 7650 CAMBRIDGE MANOR PL SUITE 101 FORT MYERS, FL 33907		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 12631 Westlinks Dr. Suite 7 City Fort Myers FL Zip Code 33913	
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  Terry Wayland DATE 4-25-08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)			
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 WAYLAND, TERRY R JR. PO BOX 60195 FORT MYERS, FL 33906 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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 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:  Terry Wayland DATE 4-25-08 239-275-8320 SIGNATURE AND TYPED OR PRINTED NAME OF FORMING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

30005081



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