2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000017509

1. Entity Name

SIGNATURE

CITY-ST-ZIP

REW REAL ESTATE INVESTMENTS II, LLC



Principal Place of Business

Mailing Address

1260 CENTRAL FLORIDA PARKWAY ORLANDO, FL 32837 US 1260 CENTRAL FLORIDA PARKWAY ORLANDO, FL 32837 US

FILED Apr 10, 2008 08:00 Al Secretary of State



04082008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-8026897

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DARMOC, DENNIS P 1260 CENTRAL FLORIDA PARKWAY ORLANDO, FL 32837

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8.	The above named entity submits this statement for the purpose of changing its registered	d office or registered agent, o	or both, in the State of Florida.	I am familiar with, and accept
	the obligations of registered agent.			

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U00000890458 04722708-80096-008 138

DATE

MANAGING MEMBERS/MANAGERS 9. MGRM TITLE WOODSBY, RONALD E NAME STREET ADDRESS 1260 CENTRAL FLORIDA PARKWAY CITY-ST-ZIP ORLANDO, FL 32837 ST TITLE DARMOC, DENNIS P NAME STREET ADDRESS 1260 CENTRAL FLORIDA PARKWAY CITY-ST-ZIP ORLANDO, FL 32837 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE STREET ADDRESS

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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

- Denvis & Dam

SECITACRE

4/9/08

402 -851.840

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

Date

Daytima Phone #