

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000034210

1. Entity Name
TOWERS OF DADELAND II, LLC



Principal Place of Business
**9155 SOUTH DADELAND BLVD., STE. 1812
MIAMI, FL 33156**

Mailing Address
**9155 SOUTH DADELAND BLVD., STE. 1812
MIAMI, FL 33156**



04192007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
43-1991794

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GREEN, ELIZABETH A ESQ
9155 SOUTH DADELAND BLVD., STE. 1812
MIAMI, FL 33156**

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
GREEN, HERSCHEL V
9155 SOUTH DADELAND BLVD., STE. 1812
MIAMI, FL 33156**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BROWN, GEORGE R JR
9155 SOUTH DADELAND BLVD., STE. 1812
MIAMI, FL 33156**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
GREEN, ELIZABETH A
9155 SOUTH DADELAND BLVD., STE. 1812
MIAMI, FL 33156**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000735539
05/10/07-80037-018 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

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

ELIZABETH A. GREEN, Director

4/24/07 (305)670-1000

Date

Daytime Phone