2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# L02000034210

Entity Name: TOWERS OF DADELAND II, LLC

Current Principal Place of Business:

9155 SOUTH DADELAND BLVD., STE. 1812
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

9155 SOUTH DADELAND BLVD., STE. 1812
MIAMI, FL 33156

New Mailing Address:

FEI Number: 43-1991794 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: D ( ) Delete
Name: BROWN, GEORGE R JR
Address: 9155 SOUTH DADELAND BLVD., STE. 1812
City-St-Zip: MIAMI, FL 33156

Title: D ( ) Delete
Name: GREEN, ELIZABETH A
Address: 9155 SOUTH DADELAND BLVD., STE. 1812
City-St-Zip: MIAMI, FL 33156

Title: D ( ) Delete
Name: GRAD, SUSAN A
Address: 9155 S DADELAND BLVD STEE 1812
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ELIZABETH A. GREEN D 03/31/2009

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