2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State
04-28-2008 90037 005 ***138.75

DOCUMENT # L03000001107

1. Entity Name
SPRING TREE VILLAGE APARTMENTS II, LLC

Principal Place of Business	Mailing Address
1101 N LAKE DESTINY RD., STE 250 MIAMI, FL 32751	1101 N LAKE DESTINY RD., STE 250 SUITE 405 MIAMI, FL 32751

04182008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1101 N. Lake Destiny Rd.	1101 N. Lake Destiny Rd.
Suite, Apt. #, etc.: Suite 250	Suite, Apt. #, etc.: Suite 250
City & State: Maitland, FL	City & State: Maitland FL
Zip: 32751 Country:	Zip: 32751 Country:

4. FEI Number 75-3094277 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SAVINO, JOSEPH J 1101 N LAKE DESTINY RD., STE 250 MIAMI, FL 32751	Name: Savino, Joseph J. Street Address (P.O. Box Number is Not Acceptable): 1101 N. Lake Destiny Rd. Suite 250 City: Maitland **FL** Zip Code: 32751

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 ______ 4/24/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 FLORIDA HOUSING AFFORDABILITY, INC. 1101 N LAKE DESTINY RD., STE 250 MIAMI, FL 32751	☐ 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: ______ 4/24/08 407-660-2522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #