

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 1101 N LAKE DESTINY RD., STE 250 MIAMI, FL 32751	Mailing Address 1101 N LAKE DESTINY RD., STE 250 SUITE 405 MIAMI, FL 32751
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2. Principal Place of Business - No P.O. Box # 1101 N. LAKE DESTINY RD.	3. Mailing Address 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 USA

00000116

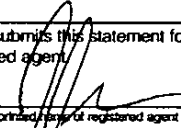


04182008 Chg-LLC CR2E083 (12/06)

4. FEI Number 75-3094277	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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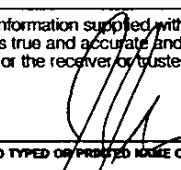
8. Name and Address of Current Registered Agent SAVINO, JOSEPH J 1101 N LAKE DESTINY RD., STE 250 MIAMI, FL 32751	7. Name and Address of New Registered Agent Name SAVINO, JOSEPH J. Street Address (P.O. Box Number is Not Acceptable) 1101 N. LAKE DESTINY RD. Suite 250 City MAITLAND FL Zip Code 32751
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8. 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 	Date 4/24/08

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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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
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.
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SIGNATURE: 	Date 4/24/08	Daytime Phone # 407-660-2522
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