2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000003393

1. Entity Name
FAMILY INVESTMENT COMPANY II, LLC



Principal Place of Business

TITLE NAME STREET AODRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP Mailing Address

1555 PALM BEACH LAKES BLVD., STE. 1100 WEST PALM BEACH, FL 33401 C/O FLORIDA MANAGEMENT COMPANY P.O. BOX 3267 WEST PALM BEACH, FL 33402 FILED Mar 12, 2007 08:00 AM Secretary of State



01082007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number Applied For Not Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ECCLESTONE, E. LLWYD 1555 PALM BEACH LAKES BLVD., STE. 1100 WEST PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of cha tions of registered agent.	anging its registered office or registered agent, or bot	h, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
	iling Fee is \$50.00 ue by May 1, 2007		000000664665 03/22/07-80053-016 55.00
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY+ST-ZIP	MGRM PGA NATIONAL REALTY LLC 1555 PALM BEACH LAKES BLVD #1100 WEST PALM BEACH, FL 33401		
TITLE NAME STREET ADDRESS			

DO NOT WRITE IN THIS SPACE

STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
11. I nereby 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.				

limited liability company or the receiver or trustee empowered to execut the receiver of trustees.

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

3/9/07

Daytime Phone #