

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000019281

Entity Name: FAF CAPITAL FUND II, LLC

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

2215 N.W. 36TH STREET
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

2215 N.W. 36TH STREET
MIAMI, FL 33142

New Mailing Address:

FEI Number: 20-0036880

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAMWELL, TIMOTHY
2215 N.W. 36TH STREET
MIAMI, FL 33142 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: MGR () Delete
Name: GAMWELL, TIM B
Address: 2215 N.W. 36TH STREET
City-St-Zip: MIAMI, FL 33142 US

Title: MGRM () Delete
Name: FAF CAPITAL MANAGEME, NT LLC
Address: 2215 N.W. 36TH STREET
City-St-Zip: MIAMI, FL 33142

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ABBOTT, DALE
Address: 2215 N.W. 36TH STREET
City-St-Zip: MIAMI, FL 33142 US

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

Title: MGR () Change (X) Addition
Name: BETTELLI, RICK
Address: 2215 N.W. 36TH STREET
City-St-Zip: MIAMI, FL 33142

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: FAF CAPITAL MANAGEMENT

MGMR

04/30/2008

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