

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000052968

**FILED**  
**Mar 23, 2008**  
**Secretary of State**

**Entity Name:** PLATO FUND II, LLC

**Current Principal Place of Business:**

1401 EAST BROWARD BOULEVARD  
SUITE 201  
FORT LAUDERDALE, FL 33301

**New Principal Place of Business:**

2200 SOUTH OCEAN LANE  
#2004  
FORT LAUDERDALE, FL 33316

**Current Mailing Address:**

3000 N FEDERAL HIGHWAY  
SUITE 200  
FORT LAUDERDALE, FL 33306

**New Mailing Address:**

**FEI Number:** 72-1577024      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SANTANGELO, CARL G  
3000 N FEDERAL HIGHWAY  
SUITE 200  
FORT LAUDERDALE, FL 33306 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:** MGRM      ( ) Delete  
**Name:** THOMAS J RYAN INVEST, MENT BROKERS, I NC.  
**Address:** 1401 E BROWARD BLVD., SUITE 201  
**City-St-Zip:** FORT LAUDERDALE, FL 33301

**ADDITIONS/CHANGES:**

**Title:** MGRM      (X) Change      ( ) Addition  
**Name:** THOMAS J RYAN INVEST, MENT BROKERS, I NC.  
**Address:** 2200 SOUTH OCEAN LANE  
**City-St-Zip:** FORT LAUDERDALE, FL 33316

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: THOMAS J. RYAN

MGRM

03/23/2008

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