


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 01, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000055614</b>	
1. Entity Name <b>DUNVEGAN PROPERTIES II, LLC</b>	

Principal Place of Business <b>2901 BAYSHORE COURT TAMPA, FL 33611</b>	Mailing Address <b>POST OFFICE BOX 1311 TAMPA, FL 33601-1311</b>
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**DO NOT WRITE IN THIS SPACE**



01302008 No Chg-LLC CR2E083 (12/07)

4. FEI Number <b>41-2120364</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**NEUKAMM, JOHN B  
305 S BLVD  
TAMPA, FL 33606**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when restate) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MACLEOD, BRUCE W 2901 BAYSHORE COURT TAMPA, FL 33611</b>
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02/08/08-80078-021 138.75

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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: Bruce MacLeod 2/1/08 (813) 310-7708  
\_\_\_\_\_  
Signature and typed or printed name of signing managing member, or authorized representative Date Daytime Phone #

*Bruce MacLeod, managing member*