## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L04000021261

1. Entity Name

SARÁMANA INVESTMENT PROPERTIES II, LLC



Principal Place of Business

2033 MAIN STREET

SUITE 600 SARASOTA, FL 34237 Mailing Address

2033 MAIN STREET SUITE 600

SARASOTA, FL 34237

FILED Jan 18, 2007 08:00 AM Secretary of State



01052007 No Chg-LLC

CR2E083 (11/05)

_	O TO THE STATE OF	\$5	00	Additional
	20-1126711			Not Applicable
4,	FEI Number		L	Applied For

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

MESSICK, ROBERT E ESQ. 2033 MAIN STREET, SUITE 600 SARASOTA, FL 34237

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_	Signature, typed or printed name of registered agent and title it applicable	(NOTE, Registered Agent signature required when reinstating)	DATE			
SIGNATURE						
	ine obligations of registered agent.	,				
	the obligations of registered agent.					
8.	. The above named entity submits this statement for the purpose of $lpha$	changing its registered office or registered agent, or both, in	n the State of Florida. I am familiar with, and accept			

## Filing Fee is \$50.00 Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS		
TITLE	MGRM	
NAME	GRIFFIN, CAROLYN E	
STREET ADDRESS	20905 69TH AVENUE EAST	
CITY-ST-ZIP	BRADENTON, FL 34211	
TITLE	MGRM	
NAME	MESSICK, ROBERT	
STREET ADDRESS	2033 MAIN STREET, SUITE 600	
C!TY+ST-ZIP	SARASOTA, FL 34237	
TITLE		
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11 I haraby	certify that the information explained with this filling does not qualify for the ov	

01/19/07-80039-003 50.0

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11. I hereby certify that the information supplied with this filling 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 prirustee empowered to execute this report as required by Chapter 608. Florida Statutes.

SIGNATURE:

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

1/15/07 (941)366-8100

Daytime Phone #