


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

DOCUMENT # L04000033290 1. Entity Name REGENCY POINTE II PARTNERS, LLC	
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Principal Place of Business 719 RODEL COVE LAKE MARY, FL 32746	Mailing Address 719 RODEL COVE LAKE MARY, FL 32746
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**DO NOT WRITE IN THIS SPACE**



03032008No Chg-LLC CR2E083 (12/07)

4. FEI Number 90-0186365	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SODERSTROM, ROGER W  
 115 INTERNATIONA PARKWAY  
 HEATHROW, FL 32746

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

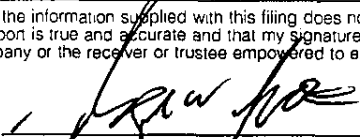
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOOD, DELMAS 115 INT'L PKWY HEATHROW, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SODERSTROM, ROGER 115 INT'L PKWY HEATHROW, FL 32746
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U00000841533  
 05/28/08-80110-008 138.75

**DO NOT WRITE IN THIS SPACE**

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:  Date: 4/29-08 Daytime Phone #: 407-588-1260

**ROGER SODERSTROM**