## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000056581

1. Entity Name FIDELITY II, LLC



FILED Apr 28, 2008 08:00 AN Secretary of State

·

Principal Place of Business 8800 GRAND OAK CIR. SUITE 400 TAMPA, FL 33637 Mailing Address

8800 GRAND OAK CIR. SUITE 400 TAMPA, FL 33637



DO NOT WRITE IN THIS SPACE

03132008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 56-2473068

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

DAVID J. POWERS, P.A. 7777 GLADES ROAD SUITE 300 BOCA RATON, FL 33434

## DO NOT WRITE IN THIS SPACE

|                                       |  | Same of the same  | (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)             |
|---------------------------------------|--|---|---|
| 8. The above<br>the obligat           | e named entity submits this statement for the purpose of cha<br>tions of registered agent. |   | he State of Florida. I am familiar with, and accept |
| SIGNATURE.                            | Signature, typed or printed name of registered agent and title if applicable               | (NOTE Registered Agent signature required when reinstating) | DATE  |
| FILE<br>After May                     | NOWIII FEE IS \$138.75<br>y 1, 2008 Fee will be \$538.75                                   |   |   |
| 9.                                    | MANAGING MEMBERS/MANAGERS  |   | 34  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM<br>RABIL, ROBERT L<br>8800 GRAND OAK CIRCLE #400<br>TAMPA, FL 33637                   |   | Unnningerize  |
| TITLE NAME STREET ADDRESS CITY+ST-ZIP |  | 05,   | /20708-85096-008 138.75                             |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  | DO N  | OT WRITE  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  |   | IS SPACE  |
| TITLE                                 |  | •   |   |

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 justee empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME STREET ADDRESS
CITY-ST-ZIP

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

1/9/2008

Daytime Phone #