

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000062282

**FILED**  
**Apr 24, 2007**  
**Secretary of State**

**Entity Name:** THE PROMENADE AT RIVERWALK II, LLC

**Current Principal Place of Business:**

1001 3RD AVENUE WEST  
500  
BRADENTON, FL 34205

**New Principal Place of Business:**

**Current Mailing Address:**

6000 LAKR FORREST DR  
560  
ATLANTA, GA 30328

**New Mailing Address:**

6000 LAKE FORREST DR  
560  
ATLANTA, GA 30328

**FEI Number:** 81-0655570

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** ( )

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

VOGLER ASHTON, PLLC  
1001 3RD AVE. WEST  
500  
BRADENTON, FL 34205 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: VOGLER, EDWARD II  
Address: 1001 3RD AVE. WEST, STE. 500  
City-St-Zip: BRADENTON, FL 34205

Title: MGRM ( ) Delete  
Name: BROOKS, HATFIELD A  
Address: 6000 LAKE FORREST DR, SUITE 560  
City-St-Zip: ATLANTA, GA 30328

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: BROOKS HATFIELD

MGMR

04/24/2007

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