

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000069699

Entity Name: MACKENZIE HOMES II, LLC

FILED  
Mar 28, 2007  
Secretary of State

**Current Principal Place of Business:**

3650 BELLE VISTA DR.  
ST. PETERSBURG BEACH, FL 33706

**New Principal Place of Business:**

3650 BELLE VISTA DR.  
ST. PETE BEACH, FL 33706

**Current Mailing Address:**

3650 BELLE VISTA DR.  
ST. PETERSBURG BEACH, FL 33706

**New Mailing Address:**

3650 BELLE VISTA DR.  
ST. PETE BEACH, FL 33706

FEI Number: 20-1672497

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JACOBSON, RICHARD A  
501 E. KENNEDY BLVD., SUITE 1700  
TAMPA, FL 33602 US

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

MIKSCH, DIANE  
4615 GULF BLVD, SUITE 201  
ST PETE BEACH, FL 33706 US

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: DIANE MIKSCH

03/28/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SARAH CAROLINE HOLDI, NGS, LLC  
Address: 18 HOLLY LODGE GARDENS  
City-St-Zip: LONDON, ENGLAND, OC N66AA

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SARAH CAROLINE HOLDI, NGS, LLC  
Address: 3650 BELLE VISTA DR  
City-St-Zip: ST PETE BEACH, FL 33706

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: GREGORY MACKENZIE

MGR

03/28/2007

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