FILED 2006 LIMITED LIABILITY COMPANY May 01, 2006 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L04000085355** 05-01-2006 90044 045 ****50.00 VILLAGE COMMERCIAL HOLDINGS II, LLC Principal Place of Business Mailing Address 10254 EAST COUNTY HIGHWAY 30A, UNIT 11E 10254 EAST COUNTY HIGHWAY 30A, UNIT 11E SEACREST BEACH, FL 32413 SEACREST BEACH, FL 32413 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04212006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20-1942623 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FITZPATRICK, RAYMOND P JR. Street Address (P.O. Box Number is Not Acceptable) 10254 EAST COUNTY HIGHWAY 30A, UNIT 11E SEACREST BEACH, FL 32413 Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by May 1, 2006

MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR MERM TITLE Delete TITLE ■ Addition Steven E. Chambers CHAMBERS, STEVEN E NAME NAME 10254 E.Co. Huy 30A, 16E Seacrest Bch, FL 32413 10254 EAST COUNTY HIGHWAY 30A, UNIT 11E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP SEACREST BEACH, FL 32413 MGRM Raymond P. Fitzpatrick Jachange 10254 E. Co. Huy 30A, 11E Seacrest Bch, FL 32413 MGR TITLE ☐ Delete TITLE ■ Addition NAME FITZPATRICK, RAYMOND P JR NAME 10254 EAST COUNTY HIGHWAY 30A, UNIT 11E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEACREST BEACH, FL 32413 CITY-ST-7IP TITLE □ Delete TITLE □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

MGRM

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

Make check payable to Florida Department of State