2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L04000091592

1. Entity Name RMB II LLC



Principal Place of Business

Mailing Address

4724 NW 2ND AVE

BOCA RATON, FL 33431 U

4724 NW 2ND AVE BOCA RATON, FL 33431 US FILED Apr 28, 2008 08:00 AN Secretary of State



04232008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2027778

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BRANSON, ROB 4724 NW 2ND AVE BOCA RATON, FL 33431

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	ve named entity submits this statement for the purpose of cha ations of registered agent.	anging its registered office or registered agent, or both, in the S	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
	E NOW!!! FEE IS \$138.75 ay 1, 2008 Fee will be \$538.75	,	
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGR		

TITLE MGR

NAME
STREET ADDRESS
CITY-S1-ZIP

TITLE
NAME
STREET ADDRESS
CITY-S1-ZIP

TITLE
NAME
STREET ADDRESS
CITY-S1-ZIP

TITLE
NAME

05/21/08-80083-020 138.75

STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE
STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not gualify 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 repeiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X

CITY-\$T-ZIP

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

4123/08 56

561-241-6615

Daytime Phone #