


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000093356</b> 1. Entity Name <b>NEPHROLOGY LAND ASSOCIATES II LLC</b>	
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Principal Place of Business <b>3885 OAKWATER CIR. SUITE 2 ORLANDO, FL 32806</b>	Mailing Address <b>3885 OAKWATER CIR. SUITE 2 ORLANDO, FL 32806</b>
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02082008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-2086041</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>COHEN, JEFFREY 3885 OAKWATER CIR. SUITE 2 ORLANDO, FL 32806</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000871095  
04/03/08-80117-007 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MADAN, ARVIND 3885 OAKWATER CIRCLE ORLANDO, FL 32806</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM COHEN, JEFFREY 3885 OAKWATER CIRCLE ORLANDO, FL 32806</b>
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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.

**SIGNATURE:**  **Jeffrey Cohen** **3/24/08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #