

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90235 039 \*\*\*138.75

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<b>DOCUMENT # L05000001123</b>					
<b>1. Entity Name</b> LYPACA II, LLC					
<b>Principal Place of Business</b> 525 SOUTH FLAGLER DRIVE, SUITE 200 WEST PALM BEACH, FL 33401			<b>Mailing Address</b> 222 LAKEVIEW AVE S STE 1630 WEST PALM BEACH, FL 33401		
<b>2. Principal Place of Business - No P.O. Box #</b> 400 S. AUSTRALIAN AVE		<b>3. Mailing Address</b>			
Suite, Apt. #, etc. #300		Suite, Apt. #, etc.			
City & State WEST PALM BEACH, FL		City & State			
Zip 33401		Country USA		Zip	
Country		Country			
<b>4. FEI Number</b> 20-2118587			Applied For <input type="checkbox"/> Not Applicable		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>			<b>\$5.00 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b> KOEPPPEL, JOEL P 1016 CLEARWATER PLACE WEST PALM BEACH, FL 33401			<b>7. Name and Address of New Registered Agent</b>		
Name JOEL P. KOEPPPEL			Street Address (P.O. Box Number is Not Acceptable) 400 S. AUSTRALIAN AVE		
#300			#300		
City WEST PALM BEACH			FL		Zip Code 33401
<b>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.</b>					
SIGNATURE				DATE 3/18/08	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORRISON, CARLOS G 222 LAKEVIEW AVENUE, PH #5 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORRISON, THOMAS J 222 LAKEVIEW AVENUE, PH #5 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORRISON, THOMAS J 222 LAKEVIEW AVENUE, PH #5 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORRISON, THOMAS J 222 LAKEVIEW AVENUE, PH #5 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete			
<b>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.</b>					
<b>SIGNATURE:</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
CARLOS G. MORRISON				1/29/08	
Date				561 832 6070	
Daytime Phone #				561 832 6070	