


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000008372		
1. Entity Name CARRIAGE CROSSING APARTMENTS II, LLC		

Principal Place of Business 11635 NW 1ST AVENUE GAINESVILLE, FL 32607	Mailing Address 11635 NW 1ST AVENUE GAINESVILLE, FL 32607
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 20-2305246	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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HALE, JEFFREY W 11635 NW 1ST AVENUE GAINESVILLE, FL 32607	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	10. ADDITIONS/CHANGES
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CURTIS, JOHN M 11635 NW 1ST AVENUE GAINESVILLE, FL 32607	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600123021096 04/11/08--01007--005 **143.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____	John M. Curtis Managing Member	4/1/2008	352-332-0838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #

FILED
08 APR -9 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02012008 Chg-LLC CR2E083 (12/06)