

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000010611

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: GAMCO PROPERTIES II, LLC

**Current Principal Place of Business:**

456 SPEND-A-BUCK DRIVE  
INVERNESS, FL 344537944

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1628  
INVERNESS, FL 344511628

**New Mailing Address:**

FEI Number: 84-1667271

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CALDWELL, JOHN D  
440 N. LAKE SHENANDOAH LOOP  
INVERNESS, FL 34453 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CALDWELL, JOHN D  
Address: 440 N. LAKE SHENANDOAH LOOP  
City-St-Zip: INVERNESS, FL 34453

Title: MGRM ( ) Delete  
Name: CALDWELL, ROXANA  
Address: 440 N. LAKE SHENANDOAH LOOP  
City-St-Zip: INVERNESS, FL 34453

Title: MGR ( ) Delete  
Name: CALDWELL, SARAH L  
Address: 456 N. SPEND-A-BUCK DRIVE  
City-St-Zip: INVERNESS, FL 34453

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SARAH L. CALDWELL

MGR

04/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date