

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000011930

FILED
Aug 07, 2009
Secretary of State

Entity Name: CONSOLIDATED CAPITAL FUNDING II, LLC

Current Principal Place of Business:

217 N WESTMONTE DRIVE
#1007
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

217 N WESTMONTE DRIVE
#1007
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 20-3736558

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PFLUGNER, J. GEOFFREY ESQ.
ICARD MERRILL ET AL
8470 ENTERPRISE CIRCLE, SUITE 201
LAKEWOOD RANCH, FL 34202 US

Name and Address of New Registered Agent:

GILARDI, MICHAEL M
1417 SHADWELL CIRCLE
HEATHROW, FL 32746 US

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: MICHAEL M. GILARDI

08/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GILARDI, MICHAEL M
Address: 1417 SHADWELL CIRCLE
City-St-Zip: HEATHROW, FL 32746

Title: MGR () Delete
Name: CASSATA, ROSARIO
Address: 640 JOHNSON AVENUE, SUITE 5
City-St-Zip: BOHEMIA, NY 11716

Title: MGR (X) Delete
Name: HEINLEIN, GEORGE
Address: 888 VETERANS MEMORIAL HIGHWAY, SUITE 430
City-St-Zip: HAUPPAUGE, NY 11788

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: GILARDI, PAMELA
Address: 1417 SHADWELL CIRCLE
City-St-Zip: HEATHROW, FL 32746

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: MICHAEL M. GILARDI

MGR

08/07/2009

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