

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90358 022 \*\*\*\*50.00

<b>DOCUMENT # L05000015080</b> 1. Entity Name <b>PADC ROYAL PALM HOLDINGS II LLC</b>					
Principal Place of Business <b>550 BILTMORE WAY, SUITE 970 CORAL GABLES, FL 33134</b>			Mailing Address <b>550 BILTMORE WAY, SUITE 970 CORAL GABLES, FL 33134</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. Filing Date <b>02 - 0743298</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				04062007    Chg-LLC    CR2E083 (12/06)	
6. Name and Address of Current Registered Agent  <b>HOFFMAN, STUART K C/O HUNTON &amp; WILLIAMS LLP 1111 BRICKELL AVE., SUITE 2500 MIAMI, FL 33131</b>			7. Name and Address of New Registered Agent Name <b>M4 W AGENTS, INC</b> Street Address (P.O. Box Number is Not Acceptable) <b>2101 CORPORATE BLVD. #107</b> City <b>BOCA RATON</b> FL    Zip Code <b>33431</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. SIGNATURE <b>DONALD A. TESCHER, PRESIDENT</b> DATE <b>4/17/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM DONAHUE, PEEBLES R 550 BILTMORE WAY, STE 970 CORAL GABLES, FL 33134</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRESIDENT HOFFMAN, STUART K 550 BILTMORE WAY, STE 970 CORAL GABLES, FL 33134</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SR VP GRIMM, DANIEL H 550 BILTMORE WAY, STE 970 CORAL GABLES, FL 33134</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP/SECY GASKELL, JUDITH 550 BILTMORE WAY, STE 970 CORAL GABLES, FL 33134</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <b>JUDITH GASKELL</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>VP, CFO</b> DATE <b>4/12/07</b> DAYTIME PHONE # <b>(305) 442-4342</b>		