


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90321 025 \*\*\*138.75

**DOCUMENT # L05000020023**

1. Entity Name  
**GRANDE OLDE PLAZA II, L.L.C.**



Principal Place of Business  
**6 FAIRFIELD BOULEVARD, SUITE #1**  
**PONTE VEDRA BEACH, FL 32082**

Mailing Address  
**P.O. BOX 1999**  
**PONTE VEDRA BEACH, FL 32004**

**60026302**

**100120**

2. Principal Place of Business - No P.O. Box #  
**320 N 1st Street**

3. Mailing Address  
**PO Box 50910**

Suite, Apt. #, etc.  
**Suite 706**

Suite, Apt. #, etc.  
**—**



03122008 Chg-LLC CR2E083 (12/06)

City & State  
**Jacksonville Bch, FL**

City & State  
**Jacksonville Bch, FL**

Zip  
**32250**

Country  
**USA**

Zip  
**32240-0910**

Country  
**USA**

4. FEI Number  
**20-2416711**

Applied For  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KENNEY, THERESA M ESQ**  
**FORD BOWLUS DUSS MORGAN KENNEDY ET AL**  
**10110 SAN JOSE BOULEVARD**  
**JACKSONVILLE, FL 32257**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAKKAR, RAMZY 6 FIARFIELD BOULEVARD, SUITE #1 PONTE VEDRA BEACH, FL 32204	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>320 N. 1st St. Suite 706</b> <b>Jacksonville Bch, FL 32250</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: *R. J. M.* **4/18/08** **904-270-1970**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #