


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90185 022 \*\*\*\*50.00

<b>DOCUMENT # L05000024412</b>	
1. Entity Name <b>BROHO II, LLC</b>	

Principal Place of Business <b>8771 COLLEGE PKWY, STE 101 FT MYERS, FL 33919</b>	Mailing Address <b>C/O ROBERT D ROYSTON, JR PO DRAWER 60205 FT MYERS, FL 33906</b>
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2. Principal Place of Business - No P.O. Box # <b>13350 Metro Parkway</b>	3. Mailing Address  Suite, Apt. #, etc. <b>Suite 102</b>
City & State <b>Fort Myers, FL</b>	City & State  City <b>Fort Myers, FL</b>
Zip <b>33966</b>	Country  Zip <b>33966</b>

00040333



01112007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent  <b>ROYSTON, ROBERT D JR 12670 NEW BRITTANY BLVD, STE 101 FT MYERS, FL 33907</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <i>Randal L Mercer</i> Signature, typed or printed name of registered agent and title if applicable	<i>RANDALL L MERCER M/M</i> (NOTE: Registered Agent signature required when reinstating) DATE <i>2007-02-20</i>

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MERCER, RANDALL L 8771 COLLEGE PKWY SUITE 101 FORT MYERS, FL 33919</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>13350 Metro Parkway, Suite 102 Fort Myers, FL 33966</b> <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
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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: <i>Randal L Mercer</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE <i>2007-02-20</i> 239.481.3800 Daytime Phone #