

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90023 010 \*\*\*138.75

<b>DOCUMENT # L05000024412</b> 1. Entity Name <b>BROHO II, LLC</b>																													
Principal Place of Business <b>13350 METRO PARKWAY SUITE 102 FORT MYERS, FL 33966</b>			Mailing Address <b>C/O ROBERT D ROYSTON, JR PO DRAWER 60205 FT MYERS, FL 33906</b>																										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <div style="text-align: center;"><i>do</i></div>																											
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>JOHN M. WICKER, P.A. P.O. DRAWER 60205</b>																											
City & State		City & State <b>FORT MYERS, FL 33906</b>																											
Zip		Country		4. FEI Number <b>01-0832831</b>																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>																											
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 <b>JOHN M. WICKER, P.A.</b> Street / <b>12670 NEW BRITTANY BLVD., STE 101</b> <b>FORT MYERS, FL 33907</b> City _____ p 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 _____																													
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>9. MANAGING MEMBERS/MANAGERS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">MGRM</td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MERCER, RANDALL L</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>13350 METRO PARKWAY SUITE 102</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT MYERS, FL 33966</td> <td></td> </tr> </table> </div> <div style="width: 45%;"> <b>10. ADDITIONS/CHANGES</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	MGRM	<input type="checkbox"/> Delete	NAME	MERCER, RANDALL L		STREET ADDRESS	13350 METRO PARKWAY SUITE 102		CITY-ST-ZIP	FORT MYERS, FL 33966		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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.																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>SIGNATURE</b> <i>Randall L Mercer</i> </div> <div style="width: 45%;"> <div style="text-align: right;"> <b>4-20-08</b>  <b>481.3800</b> </div> </div> </div>																													