

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000029857

FILED
May 10, 2007
Secretary of State

Entity Name: WENDLER PROPERTIES II, LLC

Current Principal Place of Business:

P.O. BOX 654
ST. AUGUSTINE, FL 32085

New Principal Place of Business:

134 KING STREET
ST. AUGUSTINE, FL 32084

Current Mailing Address:

P.O. BOX 654
ST. AUGUSTINE, FL 32085

New Mailing Address:

134 KING STREET
ST. AUGUSTINE, FL 32084

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GALLETTA, JOHN JR.
5431 A1A SOUTH
101
ST. AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WENDLER, DONNA R
Address: P.O. BOX 654
City-St-Zip: ST. AUGUSTINE, FL 32085

Title: MGRM () Delete
Name: WENDLER, SCOTT
Address: P.O. BOX 654
City-St-Zip: ST. AUGUSTINE, FL 32085

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WENDLER, DONNA R
Address: 134 KING STREET
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: MGRM (X) Change () Addition
Name: WENDLER, SCOTT
Address: 134 KING STREET
City-St-Zip: ST. AUGUSTINE, FL 32084

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: DONNA WENDLER

MGRM

05/10/2007

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