2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000038693

1. Entity Name
KOSAR INVESTMENTS II, LLC

Principal Place of Business	Mailing Address
30050 CHAGRIN BOULEVARD SUITE 100 PEPPER PIKE, OH 44124 US	30050 CHAGRIN BOULEVARD SUITE 100 PEPPER PIKE, OH 44124 US

DO NOT WRITE IN THIS SPACE

04162008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number		Applied For
20-2720544		Not Applicable

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

6. Name and Address of Current Registered Agent

SAUTTER, C. CHRISTIAN ESQ.
2850 NORTH ANDREWS AVENUE
FORT LAUDERDALE, FL 33311

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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 _____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000913452
05/08/08-80016-021 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	KOSAR, BRIAN
STREET ADDRESS	30050 CHAGRIN BOULEVARD, SUITE 100
CITY-ST-ZIP	PEPPER PIKE, OH 44124
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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.

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