

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000038855

FILED
Sep 11, 2007
Secretary of State

Entity Name: SHORTY II, LLC

Current Principal Place of Business:

10076 BAVARIA ROAD
FORT MYERS, FL 33913

New Principal Place of Business:

Current Mailing Address:

10076 BAVARIA ROAD
FORT MYERS, FL 33913

New Mailing Address:

FEI Number: 20-2768111 FEI Number Applied For () FEI Number Not Applicable () 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:

THE ACCOUNTING DEPARTMENT OF THE SOUTHEAST
1440 CORAL RIDGE DR
211
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

ACCOUNTING DEPARTMENT OF THE SOUTHEAST
2400 W CYPRESS CREEK RD
210
FT LAUDERDALE, FL 33071 US

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: WM PAUL BUNNEL

09/11/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: OLMO, CHRISTOPHER
Address: 10076 BAVARIA ROAD
City-St-Zip: FORT MYERS, FL 33913

Title: MGRM () Delete
Name: OLMO, VINCENT
Address: 231 ATLANTIC ST., APT. 12-A
City-St-Zip: KEYPORT, NJ 07735

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHRIS OLMO

MGRM

09/11/2007

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