

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 20, 2008 08:00 A
Secretary of State

DOCUMENT # L05000039327

1. Entity Name
DARLING STREET II LLC



Principal Place of Business

20 WILLIAM STREET
SUITE 130
WELLESLEY, MA 02481 US

Mailing Address

20 WILLIAM STREET
SUITE 130
WELLESLEY, MA 02481 US



01172008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2728931

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PONN, RICHARD D
1750 SE DARLING STREET
STUART, FL 32997

**DO NOT WRITE
IN THIS SPACE**

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	WILCHINS, STEPHEN N
STREET ADDRESS	20 WILLIAM STREET, SUITE 130
CITY- ST- ZIP	WELLESLEY, MA 02481
TITLE	MGR
NAME	PONN, RICHARD D
STREET ADDRESS	1750 SE DARLING STREET
CITY- ST- ZIP	STUART, FL 32997
TITLE	MGRM
NAME	465 COLUMBIA ROAD LLC
STREET ADDRESS	20 WILLIAM STREET, SUITE 130
CITY- ST- ZIP	WELLESLEY, MA 02481
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000833171
02/28/08-80002-009 138.75

**DO NOT WRITE
IN THIS SPACE**

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

2/27/08
Daytime Phone #