

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

**DOCUMENT # L05000039348**

1. Entity Name

DARLING STREET II MANAGEMENT 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

20-2728994

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 renewing)

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 WILCHINS, STEPHEN N  
STREET ADDRESS 20 WILLIAM STREET, SUITE 130  
CITY-ST-ZIP WELLESLEY, MA 02481

TITLE MGRM  
NAME PONN, RICHARD D  
STREET ADDRESS 1750 SE DARLING STREET  
CITY-ST-ZIP STUART, FL 32997

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000833172  
02/28/08-80002-010 138.75

**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

Daytime Phone #

2/7/08