

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L05000040798

1. Entity Name
U.S. INVESTMENT PARTNERS II, LLC



FILED

2007 APR -5 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3838 TAMiami TRAIL NORTH
SUITE 416
NAPLES, FL 34103

Mailing Address
3838 TAMiami TRAIL NORTH
SUITE 416
NAPLES, FL 34103

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03262007

Chg-LLC

CR2E083 (12/06)

4. FEI Number
20-2713970

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

U.S. INVESTOR SERVICES, INC.
3838 TAMiami TRAIL NORTH
SUITE 416
NAPLES, FL 34103

Name
IRC Investor Services LLC

Street Address (P.O. Box Number is Not Acceptable)

3838 Tamiami Trail North, Suite 416

City
Naples

FL

Zip Code
34103

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

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
FILTHAUT, RAINER
3838 TAMiami TRAIL NORTH SUITE 416
NAPLES, FL 34103 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
800096512928
04/11/07--01043--010 **50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
U.S. ADVISORS, LLC
3838 TAMiami TRAIL NORTH SUITE 416
NAPLES, FL 34103 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Udo Hergenroder

3/28/07

239-213-4000