

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90066 036 \*\*\*138.75

DOCUMENT # L05000041912



1. Entity Name  
NN PARTNERS II, LLC

Principal Place of Business  
3914 W. RIVERSIDE DR  
FORT MYERS, FL 33901

Mailing Address  
3914 W. RIVERSIDE DR  
FORT MYERS, FL 33901

2. Principal Place of Business - No P.O. Box #  
14311 Metropolis Ave  
Suite, Apt. #, etc. Suite 101

3. Mailing Address  
14311 Metropolis Ave  
Suite, Apt. #, etc. Suite 101



01092008 Chg-LLC CR2E083 (12/06)

City & State  
Fort Myers, FL  
Zip 33912 Country

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Fort Myers, FL  
Zip 33912 Country

4. FEI Number  
20-2788764  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

ENNEN, WILLIAM C  
3914 W. RIVERSIDE DR  
FORT MYERS, FL 33901

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
14311 Metropolis Ave  
Suite 101  
City Fort Myers FL Zip Code 33912

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 William C Ennen DATE 1-12-08  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGR	ENNEN, WILLIAM C	3914 W RIVERSIDE DR	FORT MYERS, FL 33901	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		14311 Metropolis Ave	Fort Myers, FL 33912	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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: William C Ennen  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-12-08 239-454-9154  
Date Daytime Phone #