


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007 08:00 A
Secretary of State

DOCUMENT # L05000044460	
1. Entity Name CUMMINGS PROPERTIES II, LLC	

Principal Place of Business 1003 INDIAN HILLS CT VENICE, FL 34293	Mailing Address 1003 INDIAN HILLS CT VENICE, FL 34293
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DO NOT WRITE IN THIS SPACE



03282007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2858802	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ROBERTS, GREGORY C ESQ 341 WEST VINE AVE VENICE, FL 34285
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CUMMINGS, MARK T 1003 INDIAN HILLS CT VENICE, FL 34293
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04/23/07-80004-001 50.00

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: <u>Mark T. Cummings</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Date <u>4-16-07</u>	Daytime Phone # <u>941-4085326</u>
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