

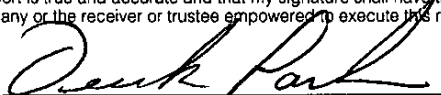


2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

| | | | | | | | |
|---|--|---------------------|--|---|---|---|--|
| DOCUMENT # L05000054512 1. Entity Name ANGLER'S REEF MEZZ BORROWER, LLC | | | |  | | FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 06 AUG 18 AM 9:39 | |
| Principal Place of Business 1115 MARBELL PLAZA DRIVE TAMPA, FL 33619 | | | | Mailing Address 1115 MARBELL PLAZA DRIVE TAMPA, FL 33619 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | |  | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | |
| City & State | | City & State | | | | | |
| Zip | | Country | | | | | |
| 4. FEI Number 14-1930963 | | | | 08102006 Chg-LLC CR2E083 (11/05) Applied For <input type="checkbox"/> Not Applicable | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | 6. Name and Address of Current Registered Agent FELDMAN KOENIG & HIGHSMITH, P.A. 3158 NORTHSIDE DRIVE KEY WEST, FL 33040 | | | |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | | | |
| 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 CORTEX DEVELOPMENT GROUP II LLC 1115 MARBELLA PLAZA DRIVE TAMPA, FL 33619 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 000078976300 08/22/06--01016--001 **350.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ACCT CHRIST, JULI L 1115 MARBELLA PLAZA DR TAMPA, FL 33619 <input checked="" type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: 

8/10/06

813-663-0401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #