

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000054886

FILED
Apr 29, 2008
Secretary of State

Entity Name: MORTGAGE DYNAMICS II, LLC

Current Principal Place of Business:

3303 NE 32ND ST
FT. LAUDERDALE, FL 33308

New Principal Place of Business:

550 SW 12TH AVENUE
DEERFIELD BEACH, FL 33442

Current Mailing Address:

3327 NE 32ND STREET
FT. LAUDERDALE, FL 33308

New Mailing Address:

550 SW 12TH AVENUE
DEERFIELD BEACH, FL 33442

FEI Number: 20-2947080

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELUCA, GARY
3303 NE 32ND ST
FT. LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

DELUCA, GARY
550 SW 12TH AVENUE
DEERFIELD BEACH, FL 33442 US

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.

SIGNATURE:

04/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DELUCA, GARY
Address: 3303 NE 32ND ST.
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: MGRM () Delete
Name: COBB, CANDIDA
Address: 3303 NE 32ND ST.
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DELUCA, GARY
Address: 550 SW 12TH AVENUE
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: MGRM (X) Change () Addition
Name: COBB, CANDIDA
Address: 1120 STUMP LANE
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GARY DELUCA

MGR

04/29/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date