

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000064858

1. Entity Name
 VERANDA CONDOMINIUM II, LLC



Principal Place of Business
 ONE FINANCIAL PLAZA STE 101
 FORT LAUDERDALE, FL 33394

Mailing Address
 ONE FINANCIAL PLAZA STE 101
 FORT LAUDERDALE, FL 33394

DO NOT WRITE IN THIS SPACE



04112008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-3202561	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DOUGLAS, STEPHEN M
 ONE FINANCIAL PLAZA STE 101
 FORT LAUDERDALE, FL 33394

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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 _____ DATE _____
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

U00000913921
 05/08/08-80033-024 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SIMIGRAN, KENNETH H ONE FINANCIAL PLAZA STE 101 FORT LAUDERDALE, FL 33394
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOUGLAS, STEPHEN M ONE FINANCIAL PLAZA STE 101 FORT LAUDERDALE, FL 33394
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Stephen M. Douglas **4-17-08** (954) 727-0330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #