2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 19, 2007 08:00 AM Secretary of State

1. Entity Name

NEST EGG PROPERTIES II, LLC



Principal Place of Business

Mailing Address

310 HAMMOCK SHORE DRIVE MELBOURNE BEACH, FL 32951 US

P.O. BOX 31

SHORT HILLS, NJ 07078 US



01152007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number	-	Applied For
20-3268037		Not Applicable
5. Certificate of Status Desired	П	\$5.00 Additional

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

CEBULA, JEFFREY E 310 HAMMOCK SHORE DRIVE MELBOURNE BEACH, FL 32951 DO NOT WRITE 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.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE, Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

000000533373 01/22/07-80029-001 50.00

9.	MANAGING MEMBERS/MANAGERS	I the second of
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CEBULA, JANE E 314 GLEN AVENUE SHORT HILLS, NJ 07078	The second secon
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CEBULA, JEFFREY E 310 HAMMOCK SHORE DRIVE MELBOURNE BEACH, FL 32951	The first section of the control of
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Activities of the Control of the Con
TITLE NAME STREET ADDRESS CITY-ST-ZIP		The first of the second of the
TITLE NAME STREET ADDRESS CITY-ST-ZIP		xemptions contained in Chapter 119. Florida Statutes. I (urther certify that the information

I nevelop certify that the information supplied with this filling does not quality 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:

EO OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE SIGNATURE A

11X 1500-155-80P

Daytime Phone #