2008 LIMITED LIABILITY COMPANY

Feb 20, 2008 8:00 am **Secretary of State ANNUAL REPORT** DOCUMENT # L05000080213 02-20-2008 90025 023 ***138.75 SLUMBER PROPERTY II, LLC 60009417 Principal Place of Business Mailing Address P.O. BOX 180355 1201 HELEN ST. CASSELBERRY, FL 32708 CASSELBERRY, FL 32718 02112008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number NOT APPLICABLE Applied For Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KENNEDY, LOAN B DO NOT WRITE 100 TECHNOLOGY PARK **SUITE 170** IN THIS SPACE LAKE MARY, FL 32746 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 2-1(-200) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 7887 MANAGING MEMBERS/MANAGERS 9. MGR TITLE CASSELBERRY, LEONARD STREET ADDRESS 1201 HELEN ST. CITY-ST-ZIP CASSELBERRY, FL 32708 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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.

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED