

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000089795

FILED
May 06, 2009
Secretary of State

Entity Name: M GROUP PROPERTIES II LLC

Current Principal Place of Business:

18155 DUPONT DRIVE
FORT MYERS, FL 33912

New Principal Place of Business:

10030 HIDDEN PINES LANE
BONITA SPRINGS, FL 34135

Current Mailing Address:

250 WEST CHAPEL RIDGE ROAD
PITTSBURGH, PA 15238

New Mailing Address:

FEI Number: 20-3393738 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MILEWSKI, SUSAN
C/O 18155 DUPONT DRIVE
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

MILEWSKI, SUSAN
C/O 10030 HIDDEN PINES LANE
BONITA SPRINGS, FL 34135 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: RALPH A. MARCHIONE

05/06/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MARCHIONE, RALPH A
Address: 10030 HIDDEN PINES LANE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: MGRM () Delete
Name: MILEWSKI, SUSAN L
Address: C/O 250 WEST CHAPEL RIDGE RD
City-St-Zip: PGH, PA 15238

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RALPH A. MARCHIONE

MGRM

05/06/2009

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