2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 29, 2009
Secretary of State

DOCUMENT# L05000098558

Entity Name: REALTY PROS OF NAPLES II, LLC

Current Principal Place of Business:

2500 TAMIAMI TRAIL, NORTH, SUITE 210
NAPLES, FL 34103

New Principal Place of Business:

1170 3RD STREET SO.
STE. E-101
NAPLES, FL 34102

Current Mailing Address:

2500 TAMIAMI TRAIL, NORTH, SUITE 210
NAPLES, FL 34103

New Mailing Address:

1170 3RD STREET SO.
STE. E-101
NAPLES, FL 34102

FEI Number: 55-0909319 **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:

LISTROM, ANTHONY P
2500 TAMIAMI TRAIL NO.
210
NAPLES, FL 34112 US

Name and Address of New Registered Agent:

LISTROM, ANTHONY P
1170 3RD STREET SO.
STE. E-101
NAPLES, FL 34102 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: _____ 07/29/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: LISTROM, ANTHONY
Address: 2500 TAMIAMI TRAIL, NORTH, SUITE 210
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: LISTROM, ANTHONY
Address: 1170 3RD STREET SO. , SUITE E-101
City-St-Zip: NAPLES, FL 34102

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: ANTHONY LISTROM MGRM 07/29/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date