2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000108151

Entity Name

LANDING PHASE II, LLC



Principal Place of Business

2200 WEST CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309 US

Mailing Address

P.O. BOX 5403

FORT LAUDERDALE, FL 33310

FILED Apr 17, 2008 8:00 am Secretary of State

04-17-2008 90266 001 *3,885.00



03252008 No Chg-LLC

CR2E083 (12/07)

	20-3848837	
4.	FEI Number	

5. Certificate of Status Desired

\$5.00 Additional Fee Required

772-340-3570

Daytime Phone #

Applied For Not Applicable

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

SIGNATURE:

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)	DATE			
FILE After May	NOW!!! FEE IS \$138.75 71, 2008 Fee will be \$538.75						
9.	MANAGING MEMBERS/MANAGERS						
TITLE	MGRM						
NAME	CORE COMMERCIAL GROUP, LLC						
STREET ADDRESS	2200 WEST CYPRESS CREEK ROAD						
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309						
TITLE							
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE							
NAME							
STREET ADDRESS			DO 110	T MOITE			
CITY-ST-ZIP			DO NO	OT WRITE			
TITLE			18.1	0.004.05			
NAME			IN IHI	S SPACE			
STREET ADDRESS							
CITY-ST-ZIP							
-							
TITLE							
NAME							
STREET ADDRESS							
CITY-ST-ZIP	A						
TITLE							
NAME							
STREET ADDRESS		_ 1					
CITY-ST-ZIP		\sim					

11. I hereby certify that the information supplied with this filling 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 of Trystee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND THESE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE