

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90032 023 ****55.00

60040028



DOCUMENT # L05000108768 1. Entity Name OSCEOLA TRACE VENTURE II, LLC					
Principal Place of Business 18745 S.E. FEDERAL HIGHWAY TEQUESTA, FL 33469			Mailing Address 18745 S.E. FEDERAL HIGHWAY TEQUESTA, FL 33469		
2. Principal Place of Business - No P.O. Box # 4116 Clematis St. <small>Suite, Apt. #, etc.</small>		3. Mailing Address 4116 Clematis St. <small>Suite, Apt. #, etc.</small>			
<small>City & State</small> West Palm Beach, FL <small>Zip</small> 33401 <small>Country</small>		<small>City & State</small> West Palm Beach, FL <small>Zip</small> 33401 <small>Country</small>		4. FEI Number 20-3749142	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent RUBENFELD, DAREN 18745 S.E. FEDERAL HIGHWAY TEQUESTA, FL 33469			7. Name and Address of New Registered Agent <small>Name</small> <small>Street Address (P.O. Box Number is Not Acceptable)</small> 4116 Clematis St. <small>City</small> West Palm Beach <small>State</small> FL <small>Zip</small> 33401		
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 <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE 4-10-07 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	P MILLER, ROBERT L 18745 SE FEDERAL HWY TEQUESTA, FL 33469	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	4116 Clematis St. West Palm Beach, FL 33401	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 4/11/07 Daytime Phone #		