

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000109854

FILED  
Jan 11, 2007  
Secretary of State

**Entity Name:** GRANDVIEW PROPERTIES II, L.L.C.

**Current Principal Place of Business:**

484 MAYA PALM DRIVE  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

484 MAYA PALM DRIVE  
BOCA RATON, FL 33432

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MACLAREN, LINDA O  
798 SO. FEDERAL HIGHWAY SUITE 100  
BOCA RATON, FL 33432 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: EHLERS, GENE M MR  
Address: 484 S MAYA PALM DR  
City-St-Zip: BOCA RATON, FL 33432 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: MGR ( ) Change (X) Addition  
Name: EHLERS, CAROLYN L MGR  
Address: 484 S MAYA PALM DR  
City-St-Zip: BOCA RATON, FL 33432 US

I hereby certify that the information supplied with this filing does not qualify for the 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: GENE M EHLERS                      MGR                      01/11/2007

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