2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# L05000110414

Entity Name: TOC REAL ESTATE INVESTORS II, LLC

Current Principal Place of Business:

4500 NEWBERRY ROAD
GAINESVILLE, FL 32607

New Principal Place of Business:

14417 NW 152ND LANE
ALACHUA, FL 32615

Current Mailing Address:

4500 NEWBERRY ROAD
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 20-4309689 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NULAND, CHRISTOPHER L ESQ.
1000 RIVESIDE AVE., #115
JACKSONVILLE, FL 32204 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: MGRM ( ) Delete
Name: BERK, JAMES W M.D.
Address: 4500 NEWBERRY ROAD
City-St-Zip: GAINESVILLE, FL 32607

Title: MGRM ( ) Delete
Name: SAMBEY, EDWARD J M.D.
Address: 4500 NEWBERRY ROAD
City-St-Zip: GAINESVILLE, FL 32607

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

ADDITIONS/CHANGES:

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

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

Title: CFO ( ) Change (X) Addition
Name: ANDERSON, MICHAEL A
Address: 4500 NEWBERRY ROAD
City-St-Zip: GAINESVILLE, FL 32607

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: MICHAEL A ANDERSON CFO 04/24/2007

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