2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# L05000110414

Entity Name: TOC REAL ESTATE INVESTORS II, LLC

Current Principal Place of Business:

14417 NW 152ND LANE
ALACHUA, FL 32615

New Principal Place of Business:

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

Title: CEO ( ) Delete
Name: BRILL, ERIC J
Address: 4500 NEWBERRY ROAD
City-St-Zip: GAINESVILLE, FL 32607

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BERK, JAMES W M.D.
Address: 14417 NW 152ND LANE
City-St-Zip: ALACHUA, FL 32615

Title: MGRM (X) Change ( ) Addition
Name: SAMBEY, EDWARD J M.D.
Address: 146 SW ORTHOPAEDIC COURT
City-St-Zip: LAKE CITY, FL 32024

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

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

Title: MGRM ( ) Change (X) Addition
Name: PHIL, RHIDDLEHOOVER MD
Address: 146 SW ORTHOPAEDIC COURT
City-St-Zip: LAKE CITY, FL 32024

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: MICHAEL A. ANDERSON CFO 04/28/2009

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