
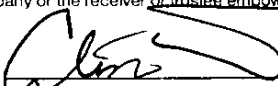


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90226 009 \*\*\*138.75

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| <b>DOCUMENT # L05000115280</b><br>1. Entity Name<br><b>CELWAT PROPERTIES II, LLC</b>   |  |  |   |  |  |
| Principal Place of Business<br><b>9203 BRIGGS ROAD, UNIT C201<br/>ENGLEWOOD, FL 34224</b>  |  |  | Mailing Address<br><b>170 WEST DEARBORN ST<br/>ENGLEWOOD, FL 34223</b>  |   |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address                         |   |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.                        |   |   |  |
| City & State   |  | City & State                               |   |   |  |
| Zip  | Country  | Zip  | Country   | 4. FEI Number<br><b>20-3917593</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |  |   | <b>\$5.00</b> Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>DUNKIN, DAVID A<br/>170 WEST DEARBORN ST<br/>ENGLEWOOD, FL 34223</b>   |  |  | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>_____<br>City <b>FL</b> Zip Code _____ |   |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |  |   |   |  |
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b>  |  |  | <b>Make check payable to<br/>Florida Department of State</b>  |   |  |
| <b>9. MANAGING MEMBERS / MANAGERS</b>  |  |  | <b>10. ADDITIONS / CHANGES</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>MGR<br/>WATSON, GLENN A<br/>9203 BRIGGS ROAD, UNIT C201<br/>ENGLEWOOD, FL 34224</b>   | <input checked="" type="checkbox"/> Delete |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>MGR<br/>WATSON, CELESTE P<br/>9203 BRIGGS ROAD, UNIT C201<br/>ENGLEWOOD, FL 34224</b> | <input type="checkbox"/> Delete            |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | _____  | <input type="checkbox"/> Delete            |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | _____  | <input type="checkbox"/> Delete            |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | _____  | <input type="checkbox"/> Delete            |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | _____  | <input type="checkbox"/> Delete            |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| 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. |  |  |   |   |  |
| <b>SIGNATURE:</b>   |  |  |   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  |  |   |   |  |
| Date _____ Daytime Phone # _____   |  |  |   |   |  |