2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2008
Secretary of State

DOCUMENT# L05000120234

Entity Name: SBA SENIOR FINANCE II LLC

Current Principal Place of Business:

5900 BROKEN SOUND PARKWAY NW
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

5900 BROKEN SOUND PARKWAY NW
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 20-3945989 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:	SBA SENIOR FINANCE,, INC.	
Address:	5900 BROKEN SOUND PARKWAY NW	
City-St-Zip:	BOCA RATON, FL 33487	
Title:	CEOP	( ) Delete
Name:	STOOPS, JEFFREY A	
Address:	5900 BROKEN SOUND PARKWAY, NW	
City-St-Zip:	BOCA RATON, FL 33487	
Title:	S/GC	( ) Delete
Name:	HUNT, THOMAS P	
Address:	5900 BROKEN SOUND PARKWAY, NW	
City-St-Zip:	BOCA RATON, FL 33487	
Title:	T	( ) Delete
Name:	KLINE, PAMELA	
Address:	5900 BROKEN SOUND PARKWAY, NW	
City-St-Zip:	BOCA RATON, FL 33487	
Title:	CFO	( ) Delete
Name:	MACAIONE, ANTHONY	
Address:	5900 BROKEN SOUND PARKWAY, NW	
City-St-Zip:	BOCA RATON, FL 33487	
Title:	CAO	( ) Delete
Name:	CAVANAGH, BRENDAN	
Address:	5900 BROKEN SOUND PARKWAY, NW	
City-St-Zip:	BOCA RATON, FL 33487	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T/VP	(X) Change ( ) Addition
Name:	KLINE, PAMELA	
Address:	5900 BROKEN SOUND PARKWAY, NW	
City-St-Zip:	BOCA RATON, FL 33487	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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: THOMAS P. HUNT S/GC 01/07/2008

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