

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000120234

FILED
Feb 10, 2009
Secretary of State

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:

CORPORATE CREATIONS NETWORK INC
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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/VP () 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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CFO (X) Change () Addition
Name: CAVANAGH, BRENDAN
Address: 5900 BROKEN SOUND PARKWAY, NW
City-St-Zip: BOCA RATON, FL 33487

Title: CAO (X) Change () Addition
Name: LAZARUS, BRIAN
Address: 5900 BROKEN SOUND PARKWAY, NW
City-St-Zip: BOCA RATON, FL 33487

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: SBA SENIOR FINANCE, INC. BY: THOMAS P HUNT

MGRM

02/10/2009

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