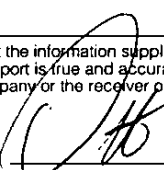


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90035 013 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                              |                                                             |                                                                                                                                      |                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L05000122430</b><br>1. Entity Name<br><b>MERRITT ISLAND DEVELOPMENT II, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                              |                                                             |                                                                                                                                      |  |  |
| Principal Place of Business<br><b>2419 E. COMMERCIAL BLVD.<br/>SUITE 100<br/>FT. LAUDERDALE, FL 33308</b>                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |                                                             | Mailing Address<br><b>2419 E. COMMERCIAL BLVD.<br/>SUITE 100<br/>FT. LAUDERDALE, FL 33308</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                                                                                                                              | 02212007    Chg-LLC    CR2E083 (12/06)                                            |  |
| 4. FEI Number<br><b>20-4000456</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                              |                                                             |                                                                                                                                      | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |                                                             |                                                                                                                                      | <b>\$5.00 Additional Fee Required</b>                                             |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BLODIG, GREGORY J<br/>100 W. CYPRESS CREEK ROAD<br/>SUITE 700<br/>FT. LAUDERDALE, FL 33309</b>                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                              |                                                             | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<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 _____                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                              |                                                             |                                                                                                                                      |                                                                                   |  |
| Filing Fee is \$50.00<br>Due by May 1, 2007                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                              | Make check payable to<br><b>Florida Department of State</b> |                                                                                                                                      |                                                                                   |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                              |                                                             | 10. ADDITIONS/CHANGES                                                                                                                |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGR<br><b>LAMBERT, DANIEL</b><br><b>2419 E. COMMERCIAL BLVD. STE. 100</b><br><b>FT. LAUDERDALE, FL 33308</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGR<br><b>WOODSON, BRENT B</b><br><b>100 RIALTO PLACE SUITE 748</b><br><b>MELBOURNE, FL 32901</b> <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGR<br><b>VERRILLO, JAMES</b><br><b>2419 E. COMMERCIAL BLVD. STE. 100</b><br><b>FT. LAUDERDALE, FL 33308</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGR<br><b>TINARI, EDWARD</b><br><b>1177 GEORGE BUSH BLVD. #201</b><br><b>DELRAY BEACH, FL 33483</b> <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP              | <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>                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                              | <b>Daniel Lambert</b>                                       |                                                                                                                                      | 4-11-07    954-630-9449                                                           |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                              | Date                                                        |                                                                                                                                      | Daytime Phone #                                                                   |  |