FILED Mar 02, 2007 8:00 am Secretary of State

2007 L	IMITED LIABILITY COMPANY ANNUAL REPORT	1

DOCUMENT # L0600000971 1. Entity Name MASTER MARK PROPERTIES II LLC						03-02-2007 90186 023 ****50.00					
Principal Place of Business			Mailing Address	Mailing Address			60020428				
3327 PERIMETER ROAD PALM CITY, FL 34990		3327 PERIMETER ROAD PALM CITY, FL 34990			(100(0)(0)(0)(0)						
2. Principal Place of Business - No P.O. 8ox #		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02172007	Chg-LLC	CR2E083 (12/06)				
City & State		City & State		•••	4. FEI Number 20-4	174472	⊢	pplied For at Applicable			
Zip		Country	Zip	Zip Country		5. Certificate of Status Desired \$5.00 Additional Fee Required					
	6. Name	and Address of Curren	t Registered Agent	egistered Agent Name			7. Name and Address of New Registered Agent				
MILLS, THADDEUS J 3327 PERIMETER ROAD PALM CITY						(P.O. Box Number is Not Acceptable)					
FL, FL 34	-										
					City			FL Zip Code	ə		
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 Signature, typed or printed name of registered agent and title if apolicable. (NOTE: Registered Agent signature required when reinstating) DATE											
Filing Fee is \$50.00 Due by May 1, 2007								check payable to Department of State	9		
9.	•	MANAGING MEMB	BERS/MANAGERS	10.		<u> </u>	ADDITIONS/	CHANGES			
TITLE	MGRM	UADOCHO I	Delete	TITL				☐ Change	Addition		
NAME STREET ADDRESS CITY-ST-ZIP	3327 PEF	HADDEUS J RIMETER ROAD TY, FL 34990			EET ADDRESS - St-Zip						
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TITLE NAME			☐ Delete	TITLE				☐ Change	Addition		
STREET ADDRESS CITY-ST-ZIP					et address -ST-ZIP						
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.											
SIGNATURE: 1 SIGNATURE NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE OF DRIVE DOUBLE DAYSING PROOF F											