2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

Apr 28, 2008 08:00 AM Secretary of State DOCUMENT # L06000006838 1. Entity Name MERCY DRIVE DEVELOPMENT II, LLC Principal Place of Business Mailing Address 14395 SW 139 COURT SUITE 101 14395 SW 139 COURT SUITE 101 MIAMI FL 33186 **MIAMI FL 33186** 2. Principa: Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) 4. FEI Number City & State City & State Applied For 20-4721602 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARI, MANUEL J Street Address (P.O. Box Number is Not Acceptable) 250 BIRD ROAD SUITE 200 CORAL GABLES FL 33146 Zip Code FI 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 or dedicate of my strop agentions are floor back. (NOTE: Registered Agent's gripture required wikin releastating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. STIF Defete III E ☐ Change Addition SEIJAS, VICTOR U00000929985 NAME NAME 05/21/08-80091-001 138.75 STREET ADDRESS 14395 SW 139 CT UNIT 101 STREET ADDRESS CITY-ST-ZIP CITY-S7-Z/P MIAMI FL 33186 THLE Delete TITLE Change 🔲 Addition MARKE MANAG STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete HILL Change Addition Walvir EARS: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z:P THILE Delete Change Addition TITUE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZP ☐ Change Addition HILE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z:P TITLE ☐ Delete TITLE ☐ Change ☐ Addition HAVE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZiP

11. Thereby certify that the information supplied with this fling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and the 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

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