

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000006893

FILED
Apr 28, 2009
Secretary of State

Entity Name: MARBELLA COVE II MANAGERS, L.L.C.

Current Principal Place of Business:

329 NORTH PARK AVE
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

PO BOX 4961
ORLANDO, FL 32802

New Mailing Address:

FEI Number: 20-4359812

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

B&C CORPORATE SERVICES OF CENTRAL FLORIDA
390 NORTH ORANGE AVE., STE. 1400
ORLANDO, FL 32801 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: MGR () Delete
Name: MISSIGMAN, PAUL M
Address: 329 NORTH PARK AVENUE, SUITE 300
City-St-Zip: WINTER PARK, FL 32789

Title: MGR () Delete
Name: BROCK, JAY P
Address: 329 NORTH PARK AVENUE, SUITE 300
City-St-Zip: WINTER PARK, FL 32789

Title: MGR () Delete
Name: DOODY, TRICIA
Address: 329 NORTH PARK AVENUE, SUITE 300
City-St-Zip: WINTER PARK, FL 32789

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:

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: PAUL M. MISSIGMAN

MGR

04/28/2009

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