2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2008
Secretary of State

DOCUMENT# L06000009836

Entity Name: ATC LAKESIDE DEVELOPMENT II, LLC

Current Principal Place of Business:

7932 W. SAND LAKE ROAD, SUITE 300
ORLANDO, FL 32819

New Principal Place of Business:

7932 W. SAND LAKE ROAD, SUITE 102
ORLANDO, FL 32819

Current Mailing Address:

7932 W. SAND LAKE ROAD, SUITE 300
ORLANDO, FL 32819

New Mailing Address:

7932 W. SAND LAKE ROAD, SUITE 102
ORLANDO, FL 32819

FEI Number: 20-4553000 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARB, A. TOM
7932 W. SAND LAKE ROAD, SUITE 300
ORLANDO, FL 32819 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: PHONECIA DEVELOPMENT, , LLC
Address: 7932 W. SAND LAKE ROAD, SUITE 300
City-St-Zip: ORLANDO, FL 32819

Title: MGRM ( ) Delete
Name: ALTAMONTE TOWN CENTE, R IV, LLC
Address: 7505 W. SAND LAKE ROAD
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: PHONECIA DEVELOPMENT, , LLC
Address: 7932 W. SAND LAKE ROAD, SUITE 102
City-St-Zip: ORLANDO, FL 32819

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: A TOM HARB MGRM 02/19/2008

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