
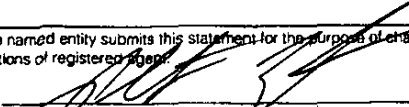

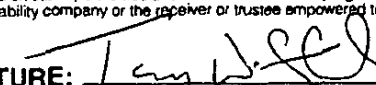


FILED
Apr 07, 2008 8:00 am
Secretary of State

03-11-2008 90129 018 ***138.75

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

3/1

DOCUMENT # L06000031123					
1. Entity Name S/MVR II, LLC					
Principal Place of Business % STILES CORP., ATTN: PATRICIA JONES 300 S.E. 2ND STREET FT LAUDERDALE, FL 33301			Mailing Address % STILES CORP., ATTN: PATRICIA JONES 300 S.E. 2ND STREET FT LAUDERDALE, FL 33301		
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
4. FEI Number NOT APPLICABLE			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
STILES CORPORATION 300 S.E. 2ND STREET FT LAUDERDALE, FL 33301				Name Robert Esposito	
				Street Address (P.O. Box Number is Not Acceptable) c/o Stiles Corporation	
				300 SE 2nd Street	
				City Ft. Lauderdale FL Zip Code 33301	
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 				Robert Esposito March 31, 2008	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					
9. MANAGING MEMBERS / MANAGERS					
TITLE	MGRM <input type="checkbox"/> Delete				
NAME	STILES, TERRY W				
STREET ADDRESS	300 SE 2ND ST				
CITY - ST - ZIP	FORT LAUDERDALE, FL 33301				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
10. ADDITIONS / CHANGES					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY - 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: 				Terry W. Stiles January 31, 2008 954-627-9300	
SIGNATURE AND TYPED OR PRINTED NAME OF STOCKING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	