# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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#### DOCUMENT # L06000058480

NYE PROPERTIES II, LLC



**FILED** Mar 12, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

**4677 BAYSIDE DRIVE** MILTON, FL 32583

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01062008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-8433557

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HUSTON, GARY W 125 W. ROMANA STREET SUITE 800 PENSACOLA, FL 32502

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|          | ove named entity submits this statement for the purpose of cha<br>gations of registered agent. | inging its registered office or registered agent, or be      | oth, in the State of Florida. I am familiar with, and accept |
|----------|--|--|--|
| SIGNATUR | Signature, typed or printed name of registered agent and title if applicable                   | (NOTE: Registered Agent signature regulred when reinstating) | DATE   |
|          | LE NOW!!! FEE IS \$138.75<br>lay 1, 2008 Fee will be \$538.75                                  |  | 000000854866<br>03/27/08-80026-008 138.75                    |
| 9.       | MANAGING MEMBERS/MANAGERS  |  |  |
| TITLE    | MGRM   |  |  |

#### NYE, JOHN D STREET ADDRESS 4677 BAYSIDE DR CITY-ST-ZIP MILTON, FL 32583 MGRM TITLE NYE, ROSE MARIE NAME STREET ADDRESS 4677 BAYSIDE DR CITY-ST-ZIP MILTON, FL 32583 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-S1-7IP

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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.

| SIGN  | ATU | RE: |
|-------|-----|-----|
| 01011 | ~~  |     |

Kase marie Nyc se naue SIGNATURE AND TYPED OR PRINTED NAME OF SECURING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE 3-10-05