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Secretary of State

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2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000063296

1. Entity Name
TADDEO ENTERPRISES II, LLC

Principal Place of Business	Mailing Address
478 SOUTH BEACH ROAD HOBE SOUND, FL 33455	478 SOUTH BEACH ROAD HOBE SOUND, FL 33455
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

07052007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-8440296 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TADDEO, JOSEPH 478 SOUTH BEACH ROAD HOBE SOUND, FL 33455	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 J Taddeo
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Joseph Taddeo 478 S. Beach Rd Hobe Sound, FL 33455-2704 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING ~~PARTNER~~ MEMBER ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Margaret Taddeo 478 S. Beach Rd Hobe Sound, FL 33455-2704 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PARTNER~~ MANAGING MEMBER ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: J Taddeo 7/5/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT

300125 45

#L06000063296

July 5, 2007

To Whom It May Concern:

ATTACHED IS THE INFORMATION REQUIRED BY TADDEO ENTERPRISES II, LLC FROM THE STATE OF FLORIDA (MANAGING MEMBERS). YOU HAVE PAYMENT ON RECORD.

THANK YOU,

JOSEPH TADDEO