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Secretary of State
04-06-2007 90288 001 ***200.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L06000076541

1. Entity Name
TOMIKO PROPERTIES II, LLC

04042007 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
5057 GUERNSEY RD. PACE, FL 32571	5057 GUERNSEY RD. PACE, FL 32571

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	P O Box 2266
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Pace FL
Zip / Country	Zip: 32571 Country: USA

4. FEI Number: 20-5373861 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

THOMAS, CHARLES M
5057 GUERNSEY RD.
PACE, FL 32571

7. Name and Address of New Registered Agent

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 ______________________
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 May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Charles M. Thomas P.O. Box 2266 Pace FL 32571	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: Charles M Thomas 4/4/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #