

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000077275

1. Entity Name
BANYAN CENTER II, LLC



Principal Place of Business
**8140 COLLEGE PKWY
105
FORT MYERS, FL 33919 US**

Mailing Address
**8140 COLLEGE PKWY
105
FORT MYERS, FL 33919 US**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

FILED
08 FEB -6 PM 2:20
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



01072008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-5344756

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**DEAN, CONSTANCE A
8140 COLLEGE PKWY
105
FORT MYERS, FL 33919**

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 *Dean* **1-8-08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM M & S INVESTMENTS, LLC 7290 COLLEGE PKWY #306 FORT MYERS, FL 33907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000118449410 <input type="checkbox"/> Change <input type="checkbox"/> Addition 02/20/08--01033--002 ***46.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 8160 COLLEGE PKWY, LLC 8140 COLLEGE PKWY #105 FORT MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000118449410 <input type="checkbox"/> Change <input type="checkbox"/> Addition 02/20/08--01033--003 ***46.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ISLAND COAST INVESTMENTS, LLC 1986 STEVENSON ROAD NORTH FORT MYERS, FL 33917 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000118449410 <input type="checkbox"/> Change <input type="checkbox"/> Addition 02/20/08--01033--004 ***46.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Dean* **1-7-08** **239-939-7721**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #