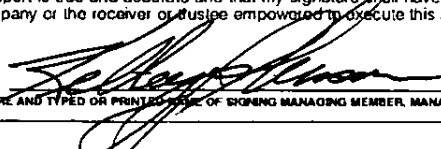


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90212 049 \*\*\*\*55.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                    |                                 |                                                            |                                                                                                                                                                                                                                       |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------|------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L06000086097</b><br>1. Entity Name<br>LODOC II, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                    |                                 |                                                            |                                                                                                                                                      |  |
| Principal Place of Business<br>105 NE 9TH STREET<br>OKEECHOBEE FL 34972<br>US                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                    |                                 | Mailing Address<br>PO BOX 912<br>OKEECHOBEE FL 34973<br>US |                                                                                                                                                                                                                                       |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                    |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.                  |                                                                                                                                                                                                                                       |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                    |                                 | City & State                                               |                                                                                                                                                                                                                                       |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                    | Country                         |                                                            | Zip                                                                                                                                                                                                                                   |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                    | Country                         |                                                            | 4. FEI Number<br><b>20-8505581</b>                                                                                                                                                                                                    |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                               |                                                                    |                                 |                                                            | Applied For<br>Not Applicable                                                                                                                                                                                                         |  |
| 6. Name and Address of Current Registered Agent<br><br>PUTNAM, ABEL A<br>500 S. FLORIDA AVENUE<br>SUITE 300<br>LAKELAND FL 33801                                                                                                                                                                                                                                                                                                                                                                         |                                                                    |                                 |                                                            | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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.<br>SIGNATURE _____ (NOTE: Registered Agent signature required when registering)<br>Signature, typed or printed name of registered agent and title if applicable. DATE _____                                                                                                |                                                                    |                                 |                                                            |                                                                                                                                                                                                                                       |  |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                               |                                                                    |                                 |                                                            |                                                                                                                                                                                                                                       |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                    |                                 | 10. ADDITIONS/CHANGES                                      |                                                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MGR<br>JOHNSON, KELLEY<br>105 NE 9TH STREET<br>OKEECHOBEE FL 34972 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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 Section 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:                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                    |                                 | Date: <b>3-2-07</b> Daytime Phone #: <b>863 763 4026</b>   |                                                                                                                                                                                                                                       |  |