
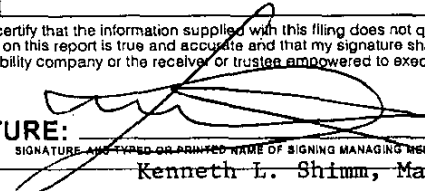


**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90225 012 \*\*\*138.75

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**60020065**

<b>DOCUMENT # L06000088150</b>			
1. Entity Name <b>DULUTH II, LLC</b>			
Principal Place of Business <b>3700 AIRPORT ROAD, #401 BOCA RATON, FL 33431</b>		Mailing Address <b>3700 AIRPORT ROAD, #401 BOCA RATON, FL 33431</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>2101 W. Commercial Blvd., Suite 2800 Ft. Lauderdale, FL 33309</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		<b>33309</b>	<b>US</b>
4. FEI Number <b>NOT APPLICABLE</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>FORMAN, ROBERT S ESQ. ROBERT S. FORMAN, P.A. 2101 WEST COMMERCIAL BLVD., STE. 2800 FORT LAUDERDALE, FL 33309</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____			
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR DULUTH II MANAGER, LLC 3700 AIRPORT ROAD, #401 BOCA RATON, FL 33431</b> <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
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE <b>Kenneth L. Shimm, Manager</b>		4/1/08 561-391-1751 Date Daytime Phone #	