

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000088530

FILED  
Jan 11, 2007  
Secretary of State

**Entity Name:** BROWN PROPERTY INVESTMENTS II, LLC

**Current Principal Place of Business:**

1895 SEWARD AVENUE, SUITE 3  
NAPLES, FL 34109

**New Principal Place of Business:**

1895 SEWARD AVENUE, SUITE 3  
NAPLES, FL 34109 US

**Current Mailing Address:**

1895 SEWARD AVENUE, SUITE 3  
NAPLES, FL 34109

**New Mailing Address:**

P.O. BOX 111015  
NAPLES, FL 34108 US

**FEI Number:** 20-5527389

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DURANT, MICHAEL A  
2210 VANDERBILT BEACH ROAD, SUITE 1201  
NAPLES, FL 34109 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BROWN, DARREN D  
Address: 1895 SEWARD AVENUE, SUITE 3  
City-St-Zip: NAPLES, FL 34109

Title: MGR ( ) Delete  
Name: BROWN, JOSHUA R  
Address: 1895 SEWARD AVENUE, SUITE 3  
City-St-Zip: NAPLES, FL 34109

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DARREN BROWN

MGR

01/11/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date