## 2007 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT**



FILED Jun 04, 2007 8:00 am Secretary of State

1. Entity Name WICKER BEACH RESIDENCES, LLC						05-09-2007	•		
Principal Place of Business  240 SOUTH PINEAPPLE AVE., SUITE 400  SARASOTA, FL 34236  Mailing Address  240 SOUTH PINEAPPLE AVE., SUITE 400  SARASOTA, FL 34236				UITE 400		u -			
Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04262007	Chg-LLC	CR2E083 (	(12/06)		
City & State		City & State		4. FEI Number	$\omega \wedge \wedge \omega$	70	_	plied For Applicable	
Zip	Country	Zip	Country		5. Certificate o	of Status Desired		00 Add Required	
	6. Name and Address of Current	Registered Agent			7. Name and A	Address of New F	legistered Ager	nt _	
DDOMAL T	TUMANG			Name					
BROWN, THOMAS  240 SOUTH PINEAPPLE AVE., SUITE 400  SARASOTA, FL 34236				Street Address (P.O. Box Number is Not Acceptable)					
	•		}						
				City	FL Zip Code				
	named entity submits this statement to tions of registered agent.	or the purpose of changing its	s register <del>e</del>	d office or registe	red agent, or both	i, in the State of Flo	orida. I am famil	liar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent	and life if applicable. (NOT	TE: Registered	Agent signature require	d when reinstating)		DATE		
1									
F	iling Fee is \$50.00 ue by May 1, 2007						e check payal a Department		,
9.	Iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBE	ERS/MANAGERS	10.				a Department		• 
9.	MANAGING MEMBE	ERS/MANAGERS	TITLE	l l		Fiorida	/CHANGES		Addition
9. TITLE NAME	MANAGING MEMBE MGRM U.S. ASSETS GROUP II, L.L.P.	☐ Delete	TITLE NAME			Fiorida	/CHANGES	of State	
9. IITLE NAME STREET ADDRESS	MANAGING MEMBE MGRM U.S. ASSETS GROUP II, L.L.P. 240 SOUTH PINEAPPLE AVE., S	☐ Delete	TITLE NAME STREE	T ADDRESS		Fiorida	/CHANGES	of State	
9.  IITLE  NAME  STREET ADDRESS  CITY-SI-ZIP	MANAGING MEMBE MGRM U.S. ASSETS GROUP II, L.L.P.	Delete	TITLE NAME STREE CITY-	T ADDRESS SI-ZIP		Fiorida	Department	of State	Addition
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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:
SUBSTURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE