## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000118040

1. Entity Name
MET II OFFICE LLC



FILED Feb 29, 2008 08:00 AM Secretary of State

Principal Place of Business

9090 S. DADELAND BOULEVARD

SUITE 210

MIAMI, FL 33156

Mailing Address

9090 S. DADELAND BOULEVARD

SUITE 210

MIAMI, FL 33156



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02072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-8670968

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

STEARNS WEAVER MILLER WEISSLER ALHADEFF & 150 W. FLAGLER STREET, SUITE 2200 C/O RICHARD E. SCHATZ MIAMI, FL 33130

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| 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)

U00000843<sup>PAR</sup>59

03/12/08-80006-012 138.75

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

| 9.   | MANAGING MEMBERS/MANAGERS  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>P&G OFFICE, LLC<br>9090 S. DADELAND BOULEVARD, SUITE 210<br>MIAMI, FL 33156 |
| TITLE NAME STREET ADDRESS CITY-S1-ZIP          |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |

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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.