

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000119507

FILED
Jan 23, 2007
Secretary of State

Entity Name: MAMIE II, LLC

Current Principal Place of Business:

130 MARTELLAGO DRIVE
NORTH VENICE, FL 34275

New Principal Place of Business:

130 MARTELLAGO DRIVE
NORTH VENICE, FL 34275 US

Current Mailing Address:

130 MARTELLAGO DRIVE
NORTH VENICE, FL 34275

New Mailing Address:

130 MARTELLAGO DRIVE
NORTH VENICE, FL 34275 US

FEI Number: 20-8151505

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOEBLING, THEODORE
130 MARTELLAGO DRIVE
NORTH VENICE, FL 34275 US

Name and Address of New Registered Agent:

BAND, GREGORY S ESQ.
1680 FRUITVILLE ROAD
SUITE 102
SARASOTA, FL 34236 US

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: GREGORY S. BAND, ESQ.

01/23/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: STOEBLING, THEODORE
Address: 130 MARTELLAGO DRIVE
City-St-Zip: NORTH VENICE, FL 34275 US

Title: MGR () Change (X) Addition
Name: STOEBLING, DORIS
Address: 130 MARTELLAGO DRIVE
City-St-Zip: NORTH VENICE, FL 34275 US

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: THEODORE STOEBLING

MGR

01/23/2007

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