2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # L07000034244

1. Entity Name FC COBBLESTONE II, LLC



FILED Mar 31, 2008 8:00 am Secretary of State

03-31-2008 90262 032 ***138.75

| Mailing Address SOUNTERNATIONAL PARKWAY STE 300 HEATIROW, FL 32746 | | | | | | | ' | | | | |
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| Suite, Apt. #, etc. | • | | | 300 INTERNATIONAL PARKWAY STE 300 | | | 6001804 | 1 | | | |
| Suite, Apt. #, etc. | 2 Principal P | lace of Busine | ess - No P.O. Box # | 3 Mailing Address | | | | | | | |
| City & State City & State City | 2. Thropartized of Basicess - No. 1.0. Box ii | | | - maming / concess | | | | E8 E8 88 B8 88 | BB 38 6 | | BB) (1) BB |
| Zip Country Zip Country Zip Country S. Certificate of Status Desired S. Opticate of Status Desired S. Optica | Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | 01082008 | Chg-LLC | CR2E0 | 83 (12/06) | |
| Country | City & State | | | City & State | | | 4. FEI Numb | per | | | |
| FOREST, REBECCA H ESQ 1000 LEGION PLACE STE 170 ORLANDO, FL 32801 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent. SIGNATURE 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 familier with, and accept the obligations of registered agent. SIGNATURE The above named entity submits this statement tor the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent. SIGNATURE The above named inspection of the registered agent with the state of Florida. I am familier with, and accept the obligation of registered agent. SIGNATURE 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 familier with, and accept the obligation of registered agent. SIGNATURE 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 familier with, and accept the obligation of Florida Department of State The above named entity submits with a statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familier with, and accept the obligation of Florida Department of State The above named entity submits with an extensive in the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familier with, and accept the obligation of Florida Department of State The above named entity submits with a statement tor the purpose of changing its registered office or registered agent, or solit, in the State of Florida. I am familier with, and accept the obligation of Florida Dep | Zip | Country | | Zip | Zip Country | | 5. Certificate | e of Status Desired | | \$5.00 Add | itional |
| Streat Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | 6. Name a | and Address of Current | Registered Agent | <u> </u> | | 7. Name an | d Address of New F | Registered | | |
| Size Address (P. O. Box Number is Not Acceptable) | SOREST | 0505001 | 11.500 | Name | | | | | | | |
| B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Face Florida Flo | 1000 LEGION PLACE STE 170 | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Signat | | • | | | | | | | | | |
| SIGNATURE Signature Signa | | | | | | City | | | FL | Zip Code | 3 |
| FILE NOW!II FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 P. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES IIILE MGR CHRISTY, KATHERINE A 300 INTERNATIONAL PARKWAY STE 300 CITY-SI-2P IIILE MGR SLEPY, C THOMAS SIREIT ADDRESS CITY-SI-2P IIILE MAME | | | | | | | | | | | |
| ### Piorida Department of State 9. | SIGNATURE . | Signature, typed o | r printed name of registered agent | and title if applicable. (N | OTE: Registere | ed Agent signature requi | red when reinstating) | | DATE | | |
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r nereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Horida 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: KATHERINE A. CAT

407-333-1604

Daytima Phone #