2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
May 19, 2008 8:00 am
Secretary of State
04-18-2008 90149 045 ***138.75

DOCUMENT # L07000093536

1. Entity Name
SUTTON PROPERTIES OF MELBOURNE II, LLC

Principal Place of Business	Mailing Address
~~2174 HARRIS AVE NE~~ ~~PALM BAY FL 32905~~	P O BOX 060250 PALM BAY FL 32906-0250

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2155 Palm Bay Rd. NE	
Suite, Apt. #, etc.: Suite 9	Suite, Apt. #, etc:
City & State: Palm Bay FL	City & State:
Zip: 32905 Country: USA	Zip: Country:

4. FEI Number: 26-1077538 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SUTTON, FRED E ~~2174 HARRIS AVE NE~~ ~~PALM BAY FL 32905~~	Name: Street Address (P.O. Box Number is Not Acceptable): 2155 Palm Bay Rd. NE Suite 9 City: Palm Bay FL Zip Code: 32905

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) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SUTTON, FRED E		NAME		
STREET ADDRESS	~~2174 HARRIS AVE NE~~		STREET ADDRESS	2155 Palm Bay Rd. NE	
CITY-ST-ZIP	~~PALM BAY FL 32905~~		CITY-ST-ZIP	Palm Bay, FL 32905	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] 4-3-08 321-725-1240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #