FILED
May 21, 2008 8:00 am
Secretary of State
04-23-2008 90127 014 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

30006880

DOCUMENT # L07000115803

1. Entity Name
CORAL COVE PROPERTIES II, LLC

Principal Place of Business	Mailing Address
7350 S. TAMIAMI TRAIL SARASOTA, FL 34231 US	354 BOB WHITE DRIVE SARASOTA, FL 34236 US

01312008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 26-1436642 ☐ 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
BOGUSZEWSKI, JOSEPH W 354 BOB WHITE DRIVE SARASOTA, FL 34236	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed Name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BOGUSZEWSKI, JOSEPH W 354 BOB WHITE DRIVE SARASOTA, FL 34236	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BOGUSZEWSKI, ENIKO C 354 BOB WHITE DRIVE SARASOTA, FL 34236	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM KNIESE, BOGDA-MARIA BOYNEBURGER STR 7 ESCHWEGE, GERMANY, GM 37269	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ERGANG, ROMAN BOYNEBURGER STR 7 ESCHWEGE, GERMANY, GM 37269	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 4-15-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #