

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jul 01, 2008 8:00 am
Secretary of State

05-19-2008 90190 039 ***138.75

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DOCUMENT # L07000121975 1. Entity Name HOLLY REAL ESTATE INVESTMENTS II, LLC					
Principal Place of Business 1395 BRICKELL AVENUE, SUITE 900 MIAMI, FL 33131			Mailing Address 1395 BRICKELL AVENUE, SUITE 900 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box # 370 Minorca Ave		3. Mailing Address 370 Minorca Ave			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Coral Gables FL		City & State Coral Gables FL		4. FEI Number 26-1529476	
Zip 33134		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				04252008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent WOOD, RICHARD A ESQ. 1395 BRICKELL AVENUE, 14TH FLOOR MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Ximena Berrios Street Address (P.O. Box Number is Not Acceptable) 370 Minorca Ave City Coral Gables FL Zip 33134	
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. <div style="display: flex; justify-content: space-between;"> <div> Signature, typed or printed name of registered agent and title if applicable: Ximena Berrios </div> <div> (NOTE: Registered Agent signature required when reinstating) DATE 4-25-08 </div> </div>					
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 NAME STREET ADDRESS CITY- ST- ZIP	MGRM HOLLY, WILLIAM H 1395 BRICKELL AVENUE, SUITE 900 MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM Holly, William H 370 Minorca Avenue Coral Gables FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date 4-25-08 305777 0300 Daytime Phone #	