

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 23, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90098 010 \*\*\*138.75

|  |   |   |  |  |   |
|--|---|---|--|--|---|
| <b>DOCUMENT # L07000125099</b><br>1. Entity Name<br><b>OAK ISLAND II MORTGAGE HOLDINGS, LLC</b>  |   |   |  |  |   |
| Principal Place of Business<br><b>13585 VERDE DRIVE<br/>PALM BEACH GARDENS, FL 33410</b>   |   |   | Mailing Address<br><b>13585 VERDE DRIVE<br/>PALM BEACH GARDENS, FL 33410</b>   |  |   |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><br>Suite, Apt. #, etc. |  |  |   |
| City & State<br><br>Zip      Country   |   | City & State<br><br>Zip      Country          |  | 4. FEI Number<br><b>26-2004625</b>                           |   |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>  |   |   |  | Applied For<br><input type="checkbox"/> Not Applicable       |   |
| 6. Name and Address of Current Registered Agent<br><br><b>CORPORATION SERVICE COMPANY<br/>1201 HAYS STREET<br/>TALLAHASSEE, FL 32301-2525</b>  |   |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>   |   |   |  |  |   |
| <b>FILE NOW!!! FEE: \$5138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>   |   |   |  | Make check payable to<br><b>Florida Department of State</b>  |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   |   | <b>10. ADDITIONS/CHANGES</b>   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>SWITZENBAUM, SAMUEL<br>24101 DEEP NECK ROAD<br>ROYAL OAK, MD 21662                | <input type="checkbox"/> Delete               |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>KESSLER, STEVEN<br>210 W. RITTENHOUSE SQUARE, APT. 1406<br>PHILADELPHIA, PA 19103 | <input type="checkbox"/> Delete               |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>EISEN, ALBERT<br>13585 VERDE DRIVE<br>PALM BEACH GARDENS, FL 33410                | <input type="checkbox"/> Delete               |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>EISEN, ALBERT<br>13585 VERDE DRIVE<br>PALM BEACH GARDENS, FL 33410                | <input type="checkbox"/> Delete               |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>EISEN, ALBERT<br>13585 VERDE DRIVE<br>PALM BEACH GARDENS, FL 33410                | <input type="checkbox"/> Delete               |  | TITLE<br>NAME<br>STREET ADDRESS<br>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: <i>Steven Kessler</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |   |   |  | Date: <b>APRIL 4, 2008</b><br><small>Daytime Phone #</small> |   |

30007414

