

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000127346

Entity Name: SAGECREST VEGAS II, LLC

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

1500 N. FEDERAL HIGHWAY
SUITE 200
FT. LAUDERDALE, FL 33304

Current Mailing Address:

1500 N. FEDERAL HIGHWAY
SUITE 200
FT. LAUDERDALE, FL 33304

New Principal Place of Business:

1500 N. FEDERAL HIGHWAY
SUITE 200
FORT LAUDERDALE, FL 33304

New Mailing Address:

1500 N. FEDERAL HIGHWAY
SUITE 200
FORT LAUDERDALE, FL 33304

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ATKINSON, DINER, STONE, MANKUTA & PLOUCHA
ONE FINANCIAL PLAZA; 100 SE 3RD AVENUE
SUITE 1400
FT. LAUDERDALE, FL 33394 US

Name and Address of New Registered Agent:

ATKINSON, DINER, STONE, MANKUTA & PLOUCHA
ONE FINANCIAL PLAZA; 100 SE 3RD AVENUE
SUITE 1400
FORT LAUDERDALE, FL 33394 US

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.

SIGNATURE:

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GWIN, JEFFREY
Address: 1500 N. FEDERAL HIGHWAY, SUITE 200
City-St-Zip: FT. LAUDERDALE, FL 33304

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GWIN, JEFFREY
Address: 3333 NE 32ND AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33308

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JEFF GWIN

MGRM

04/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date