


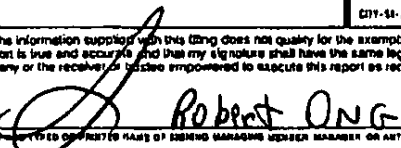
**FILED**  
**Sep 04, 2008 8:00 am**  
**Secretary of State**

7/7/08

07-25-2008 90015 007 \*\*\*138.75

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

30011155

|  |  |   |   |
|--|--|---|---|
| DOCUMENT # L08000000126  |  |                          |   |
| 1. Entity Name<br>AIV II, LLC  |  |   |   |
| Principal Place of Business<br>30229 LAURELWOOD LANE<br>WESLEY CHAPEL, FL 33543 US   |  | Mailing Address<br>30229 LAURELWOOD LANE<br>WESLEY CHAPEL, FL 33543 US                                    |   |
| 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   |
| 07222008 Chg-LLC CP2E083 (12/08)   |  | 4. FEI Number<br>87-0732727 Applied For Not Applicable  |   |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required   |  |   |   |
| 6. Name and Address of Current Registered Agent<br>SALEM, RICHARD J<br>101 E KENNEDY BLVD<br>3220<br>TAMPA, FL 33602   |  | 7. Name and Address of New Registered Agent   |   |
| Name   |  | Name  |   |
| Street Address (P.O. Box Number is Not Acceptable)   |  | Street Address (P.O. Box Number is Not Acceptable)  |   |
| City   |  | 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 _____<br><small>Signature: Typed or printed name of registrant signed and date of signature. (NOTE: Registered agent signature required when transferring.)</small>   |  |   |   |
| FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008  |  | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice |   |
| Make check payable to Florida Department of State  |  |   |   |
| B. MANAGING MEMBERS / MANAGERS   |  | C. ADDITIONS / CHANGES  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | Managing Member<br>Robert Ong<br>2210 Marshview Dr #206<br>Wesley Chapel, FL 33544 | 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   |  | 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   | <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   | <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   | <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 808, Florida Statutes. |  |   |   |
| SIGNATURE:    |  | Date: 7/24/08   |   |
| SIGNATURE  |  | Date  |   |