


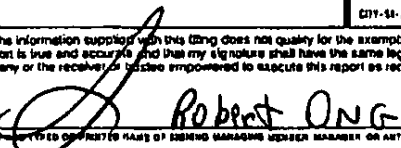
FILED
Sep 04, 2008 8:00 am
Secretary of State

7/7/08

07-25-2008 90015 007 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

30011155

DOCUMENT # L08000000126			
1. Entity Name AIV II, LLC			
Principal Place of Business 30229 LAURELWOOD LANE WESLEY CHAPEL, FL 33543 US		Mailing Address 30229 LAURELWOOD LANE 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 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		7. Name and Address of New Registered Agent	
SALEM, RICHARD J 101 E KENNEDY BLVD 3220 TAMPA, FL 33602		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: _____			
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 NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Robert Ong 2210 Marshview Dr #206 Wesley Chapel, FL 33544	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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
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
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	