2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000004414

Entity Name: CNTB II, P.L.

FILED Jan 21, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

430 MORTON PLANT STREET, SUITE 400 CLEARWATER, FL 33756

Current Mailing Address: New Mailing Address:

430 MORTON PLANT STREET, SUITE 400 CLEARWATER, FL 33756

FEI Number: 26-1813310 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SMITH, THOMAS B

150 2ND AVENUE NORTH, SUITE 1100

ST. PETERSBURG, FL 33701 US

VOLLBRACHT, ROBERT L
430 MORTON PLANT ST.
400

CLEADWALTER FL 23756 L

CLEARWATER, FL 33756 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: ROBERT L. VOLLBRACHT 01/21/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: () Delete () Change (X) Addition VOLLBRACHT, ROBERT L Name: Name: Address: Address: 430 MORTON PLANT ST., SUITE 400 City-St-Zip: City-St-Zip: CLEARWATER, FL 33756 US Title: Title: MGRM () Change (X) Addition () Delete Name: Name: POLLOCK, DIANA L Address: Address: 430 MORTON PLANT ST., SUITE 400 City-St-Zip: City-St-Zip: CLEARWATER, FL 33756 US Title: () Delete Title: MGRM () Change (X) Addition ARORA, AJAY K Name: Name: 430 MORTON PLANT ST., SUITE 400 Address: Address: City-St-Zip: City-St-Zip: CLEARWATER, FL 33756 US () Change (X) Addition Title: () Delete Title: MGRM Name: Name: SCHNEIDER, JEAN-RAPHAEL 430 MORTON PLANT ST., SUITE 400 Address: Address: City-St-Zip: City-St-Zip: CLEARWATER, FL 33756 US Title: () Delete Title: MGRM () Change (X) Addition CABELLO, DANIEL D Name: Name: 430 MORTON PLANT ST., SUITE 400 Address: Address: City-St-Zip: City-St-Zip: CLEARWATER, FL 33756 US

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: ROBERT L. VOLLBRACHT MGR 01/21/2009