

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000082589

FILED
Apr 29, 2009
Secretary of State

Entity Name: CONCORDIA CAPE CORAL II, LLC.

Current Principal Place of Business:

155 N BRIDGE ST.
LABELLE, FL 33935

New Principal Place of Business:

Current Mailing Address:

155 N BRIDGE ST.
LABELLE, FL 33935

New Mailing Address:

11390 PALM BEACH BLVD
FORT MYERS, FL 33905

FEI Number: 26-3320586

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BOARDMAN, THOMAS K
1400 NORTH 15TH STREET
STR 201
IMMOKALEE, FL 34142 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FLORIDA COMMUNITY BANK
Address: 1400 NORTH 15TH STREET
City-St-Zip: IMMOKALEE, FL 34142

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: DP (X) Change () Addition
Name: HALL, LARRY T
Address: 11390 PALM BEACH BLVD
City-St-Zip: FORT MYERS, FL 33905

Title: DVP () Change (X) Addition
Name: BAKER, TIMOTHY
Address: 11390 PALM BEACH BLVD
City-St-Zip: FORT MYERS, FL 33905

Title: DST () Change (X) Addition
Name: BRYDEN, JENNIFER
Address: 11390 PALM BEACH BLVD
City-St-Zip: FORT MYERS, FL 33905

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: JENNIFER BRYDEN

DST

04/29/2009

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