


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 10, 2005 8:00 am
Secretary of State

08-10-2005 90047 041 ****50.00

DOCUMENT # M04000000200 1. Entity Name SILVER CAPITAL NET LEASE FUND II, LLC					
Principal Place of Business 1201 CENTRAL PARK BLVD. FREDERICKSBURG, VA 22401			Mailing Address 1201 CENTRAL PARK BLVD. FREDERICKSBURG, VA 22401		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <i>1001 East Telecom Drive</i>			
City & State		City & State <i>Boca Raton FL</i>		4. FEI Number <i>20-0193105</i>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07132005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 7, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SILVER CAPITAL MANAGER, LLC 1201 CENTRAL PARK BLVD. FREDERICKSBURG, VA 22401	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 exemption stated in Section 119.07(3)(i), 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 608, Florida Statutes.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <i>7/14/05</i> Daytime Phone # <i>864-981-5252</i>	