2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2008
Secretary of State

DOCUMENT# M05000001913

Entity Name: RUBICONPARK II, LLC

Current Principal Place of Business:

188 E. CAPITOL ST., STE. 1000
JACKSON, MS 39201

New Principal Place of Business:

188 E. CAPITOL STREET
SUITE 1000
JACKSON, MS 39201 US

Current Mailing Address:

188 E. CAPITOL ST., STE. 1000
JACKSON, MS 39201

New Mailing Address:

188 E. CAPITOL STREET
SUITE 1000
JACKSON, MS 39201 US

FEI Number: 01-0831720 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 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: RUBICON U.S. REIT, I, NC.
Address: 805 THIRD AVENUE, 8TH FLOOR
City-St-Zip: NEW YORK, NY 10022

Title: MGRM ( ) Delete
Name: PARKWAY PROPERTIES L, P
Address: 188 E. CAPITOL ST., STE. 1000
City-St-Zip: JACKSON, MS 39201

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: PARKWAY PROPERTIES L, P
Address: 188 E. CAPITOL ST., STE. 1000
City-St-Zip: JACKSON, MS 39201 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: MANDY M. POPE MEM 04/03/2008

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