

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 20, 2008 08:00
Secretary of State

DOCUMENT # M05000003549

1. Entity Name
CCF REAL ESTATE INVESTMENTS II, LLC



Principal Place of Business
1055 ST. PAUL PLACE
CINCINNATI, OH 45202

Mailing Address
1055 ST. PAUL PLACE
CINCINNATI, OH 45202



01302008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
84-1682743

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	TPFLA HOMES, LLC
STREET ADDRESS	1055 ST. PAUL PLACE
CITY-ST-ZIP	CINCINNATI, OH 45202
TITLE	MGR
NAME	JMTFLA INVESTMENTS, LLC
STREET ADDRESS	1055 ST. PAUL PLACE
CITY-ST-ZIP	CINCINNATI, OH 45202
TITLE	MGR
NAME	TAFT BROADCASTING, INC.
STREET ADDRESS	321 WALNUT STREET, STE. 3550
CITY-ST-ZIP	CINCINNATI, OH 45202
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000833169
02/28/08-80002-007 138.75

**DO NOT WRITE
IN THIS SPACE**

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 608, Florida Statutes.

SIGNATURE:

Neil K. Bortz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Neil K. Bortz

2/15/08

513-381-8696

Date

Daytime Phone #