

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000005173

FILED
Apr 15, 2008
Secretary of State

Entity Name: PALM BEACH CAPITAL MANAGEMENT II, LLC

Current Principal Place of Business:

505 S. FLAGLER DRIVE, SUITE 1400
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

505 S. FLAGLER DRIVE, SUITE 1400
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 20-3451324

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS INTERNATIONAL INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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: MGR () Delete
Name: MCGRUDER, SHAUN L
Address: 505 S. FLAGLER DRIVE, SUITE 1400
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGR () Delete
Name: WARD, NATHAN S
Address: 505 S. FLAGLER DRIVE, SUITE 1400
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGR () Delete
Name: SCHLANGER, RICHARD M
Address: 505 S. FLAGLER DRIVE, SUITE 1400
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGR () Delete
Name: HARPEL, JAMES W
Address: 505 S. FLAGLER DRIVE, SUITE 1400
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGR () Delete
Name: SCHMICKLE, MICHAEL L
Address: 505 S. FLAGLER DRIVE, SUITE 1400
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGR () Delete
Name: KLEIN, ADAM
Address: 505 S. FLAGLER DRIVE, SUITE 1400
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES:

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

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

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

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

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

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

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: SHAUN MCGRUDER

MGR

04/15/2008

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