2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003175

Entity Name: THE RESIDENCES AT COCONUT POINT II, LLC

FILED Jan 11, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4495 SAQUARO TRAIL 4495 SAGUARO TRAIL INDIANAPOLIS, IN 462682555 INDIANAPOLIS, IN 46268

Current Mailing Address: New Mailing Address:

4495 SAQUARO TRAIL 4495 SAGUARO TRAIL INDIANAPOLIS, IN 462682555 INDIANAPOLIS, IN 46268

FEI Number: 20-3304679 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:

Date

Electronic Signature of Registered Agent

MANAGING MEMBERS/MANAGERS:

MGRM () Delete MILLER, TADD M Name: 4495 SAQUARO TRAIL Address: City-St-Zip: INDIANAPOLIS, IN 462682555

Title: MGRM () Delete KOSENE, GERALD A Name: Address: 4495 SAQUARO TRAIL City-St-Zip: INDIANAPOLIS, IN 462682555

Title: MGRM () Delete KOSENE, DAVID H Name: Address: 4495 SAQUARO TRAIL City-St-Zip: INDIANAPOLIS, IN 462682555

Title: MGRM () Delete Name: GUINN, ANGELA C Address: 4495 SAQUARO TRAIL

City-St-Zip: INDIANAPOLIS, IN 462682555 ADDITIONS/CHANGES:

Title: (X) Change () Addition MILLER, TADD M Name: Address: 4495 SAGUARO TRAIL City-St-Zip: INDIANAPOLIS, IN 46268

Title: MGRM (X) Change () Addition

Name: KOSENE, GERALD A Address: 4495 SAGUARO TRAIL City-St-Zip: INDIANAPOLIS, IN 46268

Title: MGRM (X) Change () Addition

KOSENE, DAVID H Name: Address: 4495 SAGUARO TRAIL City-St-Zip: INDIANAPOLIS, IN 46268

Title: MGRM (X) Change () Addition

Name: GUINN, ANGELA C Address: 4495 SAGUARO TRAIL City-St-Zip: INDIANAPOLIS, IN 46268

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: TADD M MILLER **MGRM** 01/11/2008