

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000001461

FILED
Feb 06, 2009
Secretary of State

Entity Name: CAPITALSOUTH PARTNERS F-II, LLC

Current Principal Place of Business:

1011 E. MOREHEAD STREET, SUITE 150
CHARLOTTE, NC 28204

New Principal Place of Business:

Current Mailing Address:

1011 E. MOREHEAD STREET, SUITE 150
CHARLOTTE, NC 28204

New Mailing Address:

FEI Number: 54-2068001

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REED, DAVID H
1414 W SWANN AVE ST 100
TAMPA, FL 33606 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: ALALA, JOSEPH B III
Address: 1011 E. MOREHEAD STREET, SUITE 150
City-St-Zip: CHARLOTTE, NC 28204

Title: MGR () Delete
Name: BROYHILL, M. HUNT
Address: 1011 E. MOREHEAD STREET, SUITE 150
City-St-Zip: CHARLOTTE, NC 28204

Title: MGR () Delete
Name: MCGLINN, JACK
Address: 1011 E. MOREHEAD STREET, SUITE 150
City-St-Zip: CHARLOTTE, NC 28204

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:

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: JOE ALALA III

CEO

02/06/2009

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