

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M08000005108

**FILED**  
**May 11, 2009**  
**Secretary of State****Entity Name:** FDG AVENUES II LLC**Current Principal Place of Business:**2855 LEJEUNE RD., 4TH FLOOR  
CORAL GABLES, FL 33134**New Principal Place of Business:****Current Mailing Address:**2855 LEJEUNE RD., 4TH FLOOR  
CORAL GABLES, FL 33134**New Mailing Address:****FEI Number:****FEI Number Applied For ( )****FEI Number Not Applicable (X)****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**COBB, KOLLEEN O.P.  
2855 LEJEUNE RD., 4TH FLOOR  
CORAL GABLES, FL 33134 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: FDG MEZZANINE I LLC  
Address: 2855 LEJEUNE RD 4TH FLOOR  
City-St-Zip: CORAL GABLES, FL 33134Title: P ( ) Delete  
Name: HEVIA, JOSE  
Address: 2855 LEJEUNE RD 4TH FLOOR  
City-St-Zip: CORAL GABLES, FL 33134Title: VPS ( ) Delete  
Name: COBB, KOLLEEN  
Address: 2855 LEJEUNE RD 4TH FLOOR  
City-St-Zip: CORAL GABLES, FL 33134Title: VPT ( ) Delete  
Name: ABAUNZA, CARLOS  
Address: 2855 LEJEUNE RD 4TH FLOOR  
City-St-Zip: CORAL GABLES, FL 33134Title: VP ( ) Delete  
Name: SWANSON, ERIC  
Address: 2855 LEJEUNE RD 4TH FLOOR  
City-St-Zip: CORAL GABLES, FL 33134Title: VP ( ) Delete  
Name: TICKELL, KEITH  
Address: 10151 DEERWOOD PARK BLVD BLDG 100 #330  
City-St-Zip: JACKSONVILLE, FL 32256**ADDITIONS/CHANGES:**Title: MGRM (X) Change ( ) Addition  
Name: FLAGLER DEVELOPMENT COMPANY, LLC  
Address: 2855 LEJEUNE RD 4TH FLOOR  
City-St-Zip: CORAL GABLES, FL 33134Title: ( ) 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:** KOLLEEN COBB

VPS

05/11/2009

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