

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000005259

**FILED**  
**Apr 17, 2009**  
**Secretary of State**

**Entity Name:** COLE CV KISSIMMEE FL, LLC

**Current Principal Place of Business:**

2555 E. CAMBELBACK ROAD, SUITE 400  
PHOENIX, AZ 85016

**New Principal Place of Business:**

2555 E CAMELBACK ROAD, STE 400  
PHOENIX, AZ 85016

**Current Mailing Address:**

2555 E. CAMBELBACK ROAD, SUITE 400  
PHOENIX, AZ 85016

**New Mailing Address:**

2555 E CAMELBACK ROAD, STE 400  
PHOENIX, AZ 85016

**FEI Number:** 20-1676647

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** COLE REIT ADVISORS II, LLC  
**Address:** 2555 E. CAMBELBACK ROAD, SUITE 400  
**City-St-Zip:** PHOENIX, AZ 85016

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** COLE OPERATING PARTNERSHIP II, LP  
**Address:** 2555 E CAMELBACK ROAD, STE 400  
**City-St-Zip:** PHOENIX, AZ 85016

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:** JANE LOUIS

\_\_\_\_\_  
POA

\_\_\_\_\_  
04/17/2009

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