19/2

John R. Fallon, Jr. 2/18/05 212-424-8000

ORIZED REPRESENTATIVE

Date

## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: \_\_\_\_

R PRINTED NAME OF SIGNING MANAGING

|   |                          | (                                     |   |               |                            |   |  |                            |                |                         |
|---|--------------------------|---------------------------------------|---|---------------|----------------------------|---|--|----------------------------|----------------|-------------------------|
| DOCUMENT # M9900001213  |                          |                                       |   |               |                            |   | F  | ILEL                       | j              |                         |
| 1. Entity Name<br>MONARC  |                          | ERTIES II, LLC                        |   |               |                            |   | 2005 FEB   | 23 AM                      | 8: 56          | 1                       |
| <u> </u>  |                          |                                       | S IN THE  | _             | DIVIDION O                 | F CORPO   | )RATIO   | NS                         |                |                         |
| Principal Place of Business Mailing Address 11350 MCCORMICK ROAD 11350 MCCORMICK ROAD |                          |                                       |   |               |                            |   | TALLAH/  | ASSEE, F                   | LORID          | А                       |
| SUITE LL4 SUITE LL4   |                          |                                       |   |               |                            |   |  |                            |                |                         |
| HUNT VALLEY   | Y, MU 2103               | iU                                    | HUNT VALLEY, MD 21  | 1030          |                            |   |  |                            |                |                         |
| 2. Principal Pl   |                          |                                       | 3. Mailing Address  |               |                            |   |  |                            |                |                         |
| Suite Apt.  |                          | ison Drive                            | 7125 Thomas Edison Drive Suite, Apt. #, etc.                                      |               |                            | 02002005  | 05-110   | CDOFOO                     | 0 (40(00)      |                         |
| Suite 225   |                          |                                       | Suite 225   |               |                            | 02092005  | Chg-LLC  | CR2E08:                    |                | d . e                   |
| City & State  Columbia, Maryland  |                          |                                       | City & State Columbia, Maryland   |               |                            | 4. FEI Number Applied For S9-3573714 Not Applicable |  |                            |                |                         |
| Zip   | ip Country               |                                       | Zip Coun  |               |                            |   | of Status Desired                                |                            | 5.00 Add       | itional                 |
| 21046 US  |                          | 21046                                 |   | US            | 7. Name and Address of New |   | Fee Hequired                                     |                            |                |                         |
| Name and Address of Current Registered Agent     Name                                 |                          |                                       |   |               |                            |   | Accides of New IV                                | ogiatorou Ag               | , cin          |                         |
|   | TH PINE I                | SLAND ROAD                            | Street Address (P.O. Box Number is Not Acceptable)                                |               |                            |   |  |                            |                |                         |
| PLANTATION, FL 33324  |                          |                                       |   |               |                            |   |  |                            |                |                         |
|   |                          |                                       |   |               | City                       |   |  | FL                         | Zip Code       | •                       |
|   | named entity             |                                       | the purpose of changing it  | s register    | ed office or regis         | stered agent, or be                                 | oth, in the State of Flo                         | orida. I am fa             | miliar with,   | and accept              |
|   | ions or regist           | ordo agoric                           |   |               |                            |   |  |                            |                |                         |
| SIGNATURE .   | Signature, typed         | or printed name of registered agent a | nd title if applicable. (NO   | TE: Registere | d Agent signature requ     | ired when reinstating)                              | · · · · · · · · · · · · · · · · · · ·            | DATE                       |                | <del></del>             |
|   | iling Fee i<br>ue by May |                                       |   |               |                            |   |  | e check pay<br>1 Departmen | •              | ,                       |
| 9.  |                          | MANAGING MEMBER                       | RS/MANAGERS   | 10.           |                            |   | ADDITIONS/                                       | CHANGES                    |                |                         |
| TITLE   | MGR                      |                                       | ☐ Delete TITE   |               |                            |   |  |                            | Change         | ■ Addition              |
| NAME MONARCH ADVISORY GROUP,<br>STREET ADDRESS 11350 MCCORMICK ROAD, SUI              |                          |                                       |   | NAM<br>STRI   | EET ADORESS                | SEE ATTAC   | HED  |                            |                |                         |
| CITY-ST-ZIP   |                          | LLEY, MD 21030                        |   | CITY          | '-ST-ZIP                   |   |  |                            |                |                         |
| TITLE   |                          |                                       | ☐ Delete  | TITL<br>NAM   | •                          |   |  |                            | ☐ Change       | Addition                |
| NAME<br>STREET ADDRESS  | !                        |                                       |   |               | EET ADDRESS                |   |  |                            |                |                         |
| CITY-ST-ZIP   |                          |                                       |   | CITY          | '-ST-ZIP                   |   |  |                            |                |                         |
| TITLE   |                          |                                       | ☐ Delete  | TITL          |                            |   |  |                            | ☐ Change       | ☐ Addition              |
| NAME<br>STREET ADDRESS  |                          |                                       |   | NAM<br>STR    | EET ADDRESS                |   |  |                            |                |                         |
| CITY-ST-ZIP   |                          |                                       |   | CITY          | - ST-ZIP                   |   |  |                            |                |                         |
| TITLE   |                          |                                       | ☐ Detete  | TITL          | 1                          | ,   | *:-:::::::::::::::::::::::::::::::::::           |                            | ☐ Change       | ☐ Addition              |
| NAME<br>STREET ADDRESS  |                          |                                       |   | NAN<br>STR    | EET AODRESS                | 027   | 500047<br>24/050104                              | 5-119                      | **SD           | .00                     |
| CITY-ST-ZIP   |                          |                                       |   | CITY          | r-ST-ZIP                   |   |  |                            |                |                         |
| TITLE   |                          |                                       | ☐ Delete  | TITL          | l l                        |   |  |                            | ☐ Change       | Addition                |
| NAME<br>STREET ADDRESS  |                          |                                       |   | NAA<br>STR    | AE<br>EET ADDRESS          |   |  |                            |                |                         |
| CITY-ST-ZIP   |                          |                                       |   | CIT           | r-st-zip                   |   |  |                            |                | ,                       |
| TITLE   |                          |                                       | ☐ Delete  | TITE          |                            |   |  |                            | Change         | ☐ Addition              |
| NAME<br>STREET ADDRESS  | }                        |                                       | •   | NAA<br>STR    | AE<br>EET ADDRESS          |   |  |                            |                |                         |
| CITY-ST-ZIP   |                          | <b>.</b>                              |   | CIT           | Y-ST-ZIP                   |   |  |                            |                |                         |
| 11. I hereby  | certify that th          | e information supplied with           | this tiling does dot qualify that my agnature that have empowered to crecute this | for the exe   | emption stated in          | Section 119.07(3                                    | i)(i), Florida Statutes.<br>th; that I am a mana | I further certi            | ly that the in | nformation<br>ar of the |
| limited lia   | ability compa            | o) or the receiver or trustee         | empowered to vecute this  | is report a   | s required by Ch           | napter 608, Florida                                 | a Statutes.                                      |                            |                |                         |
|   | ,                        | ~ IMALL C                             | ~~~   |               |                            |   |  |                            |                |                         |

MENTER, MANAGER, OR AUTHORIZED REPRESENTATIVE

## MONARCH PROPERTIES II, LLC

FILED

2005 FEB 23 AM 8: 56

EIN: 59-3573714

DIVIJION OF CORPORATIONS LALLAHASSEE, FLORIDA

<u>NAME</u>

TITLE

**ADDRESS** 

MONARCH ADVISORY GROUP, LLC

MGR

7125 Thomas Edison Drive, Suite 225, Columbia, Maryland 21046