

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 08:00 A**  
**Secretary of State**


**DOCUMENT # M99000001945**

1. Entity Name  
**PARROT'S LANDING PHASE II LLC**



Principal Place of Business <b>3990 RUFFIN ROAD          SUITE 100 ATTN: LEGAL          SAN DIEGO, CA 92123 US</b>	Mailing Address <b>3990 RUFFIN ROAD          SUITE 100 ATTN: LEGAL          SAN DIEGO, CA 92123 US</b>
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**DO NOT WRITE IN THIS SPACE**



01032008No Chg-LLC CR2E083 (12/07)

4. FEI Number <b>33-0882970</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

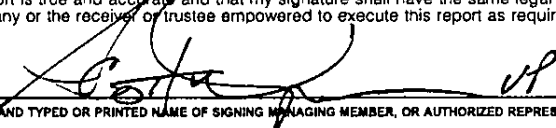
U00000791447  
 01/23/08-80076-014 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM PARROT'S LANDING INVESTORS LLC 3990 RUFFIN ROAD, SUITE 100 SAN DIEGO, CA 92123</b>
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**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:**  **1-3-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #