

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 18, 2003 8:00 am
Secretary of State

03-18-2003 90147 020 ****50.00

0054092

DOCUMENT # L00000016167

1. Entity Name
LBTP INVESTMENTS II, LLC



Principal Place of Business
**C/O ROLAND SANCHEZ-MEDINA JR., ESQ.
201 S. BISCAYNE BLVD., STE. 2200
MIAMI FL 33131**

Mailing Address
**P.O. BOX 140396
CORAL GABLES FL 33114**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
**201 S. BISCAYNE BLVD
17 FLOOR**

Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 398655

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

City & State
MIAMI BEACH, FLORIDA

4. FEI Number **65-1073905**

Applied For
 Not Applicable

Zip **33131** Country **USA**

Zip **33239** Country **USA**

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**SANCHEZ-MEDINA, ROLAND JR ESQ
201 S. BISCAYNE BLVD., STE. 2200 - 17 FLOOR
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
201 S. BISCAYNE BLVD, 17 FLOOR

City **MIAMI** FL Zip Code **33131**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LUMBRERAS, JAVIER 1680 MICHIGAN AVE. #915 MIAMI BEACH FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SANCHEZ-MEDINA, ROLAND JR. 201 S. BISCAYNE BLVD., #2200 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LUMBRERAS, JAVIER P.O. BOX 398655 MIAMI BEACH, FL 33239	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	201 S. BISCAYNE, 17 FLOOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **SIGNATURE OF JAVIER LUMBRERAS** **MAR 12 2003** **305.531.1121**

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

CR2E083 (10/02)