

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

1/20/2004-90182-049-\$50.00-\$50.00

FILED

2004 JUL 15 P 4: 19


SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03272004 No Chg-LLC CR2E083 (10/03)

DOCUMENT # L02000002268

1. Entity Name
BISON PROPERTIES II, L.L.C.



Principal Place of Business
2320 N 19TH AVE
HOLLYWOOD, FL 33020

Mailing Address
1856 SHERMAN STREET
HOLLYWOOD, FL 33020

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0628623	Applied For Not Applicable
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5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DINER, MANUEL ESQ.
141 NE 3RD AVE
SUITE 601
MIAMI, FL 33132

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 *Manuel Esq. Diner* DATE 7/1/04

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when changing)

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCIORTINO, DENNIS 12560 SW 12 STREET FORT LAUDERDALE, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VON SEEGER, GREGORY 12001 NW 5 STREET FORT LAUDERDALE, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VON SEEGER, PENNY 12001 NW 5 STREET FORT LAUDERDALE, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCIORTINO, CATHERINE 12560 SW 12 STREET FORT LAUDERDALE, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 814, Florida Statutes.

SIGNATURE: *Manuel Esq. Diner* DATE: 7/17/04 157-249-4368

SIGNATURE AND TYPED OR PRINTED NAME OF SERVING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE. DSE