

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-03-2007 90124 026 ****50.00

DOCUMENT # L06000048408					
1. Entity Name COMTRUST HOLDING II LLC					
Principal Place of Business 3419 BEACON STREET POMPANO BEACH FL 33062			Mailing Address 3419 BEACON STREET POMPANO BEACH FL 33062		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 204848150	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MCKENNA, RICHARD 3419 BEACON STREET POMPANO BEACH FL 33062			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ Signature, typed or printed name of registered agent and file a separate NOTE: Registered Agent signature required when re-stating					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY, ST, ZIP	MGR MCKENNA, RICHARD 3419 BEACON STREET POMPANO BEACH FL 33062	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	MGR NETZER, KEVIN 303 N RIVERSIDE DRIVE POMPANO BEACH FL 33062	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>[Signature]</i>			Date: <i>3/26/07</i> 954-980-3250		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		