


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90249 050 ***138.75

DOCUMENT # L07000046403

1. Entity Name
VGA REALTY II LLC



Principal Place of Business
3870 N.E. 168TH STREET
NORTH MIAMI BEACH, FL 33160

Mailing Address
3870 N.E. 168TH STREET
NORTH MIAMI BEACH, FL 33160

60012982



2. Principal Place of Business - No P.O. Box #
61 PRIVATE ROAD

3. Mailing Address
61 PRIVATE ROAD

Suite, Apt. #, etc.

02052008 Chg-LLC CR2E083 (12/06)

City & State
MILL NECK, NEW YORK

City & State
MILL NECK, NEW YORK

Zip
11765 Country
USA

Zip
11765 Country
USA

4. FEI Number
260253426

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
JOSEPH, JERRY
100 GOLDENBLES DRIVE, SUITE 1204
HALLANDALE, FL 33309

7. Name and Address of New Registered Agent
 Name **DAVID GOLDSTEIN**
 Street Address (P.O. Box Number is Not Acceptable)
40 RYM REALTY SERVICES INC
7650 COURTNEY CAMPBELL CSWY - St 9th
 City **TAMPA** FL Zip Code **33607**

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 *David Goldstein* DATE *2/3/08*

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

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BABAIAN, VAHIK 61 PRIVATE ROAD MILL NECK, NY 11765 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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, its receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *David Goldstein* Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE