


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 15, 2004 8:00 am**  
**Secretary of State**

04-15-2004 90113 013 \*\*\*\*50.00

**DOCUMENT # L01000003684**

1. Entity Name  
**CR PARTNERS II, LLC**



Principal Place of Business <b>8725 N.W. 18TH TERRACE, SUITE 105          MIAMI, FL 33172</b>	Mailing Address <b>8725 N.W. 18TH TERRACE, SUITE 105          MIAMI, FL 33172</b>
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**DO NOT WRITE IN THIS SPACE**



04072004 No Chg-LLC CR2E083 (10/03)

4. FEI Number <b>65-1092876</b>	Applied For <input type="checkbox"/> 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

**TAGUE, BRIAN  
 C/O TEW CARDENAS REBAK KELLOGG LEHMAN DEMA  
 201 SOUTH BISCAYNE BLVD., 26TH FLOOR  
 MIAMI, FL 33131**

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SMITH, STEPHEN H 8725 N.W. 18TH TERRACE, SUITE 105 MIAMI, FL 33172</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:**  **4.13.04** **(305) 361-2555**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #