


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

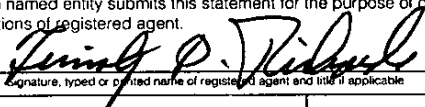
DOCUMENT # L04000015862		
1. Entity Name CIMAX VERTICAL II, LLC		

Principal Place of Business C/O ROSENTHAL ROSENTHAL RASCO 2875 NE 191ST STREET, SUITE 500 AVENTURA, FL 33180	Mailing Address C/O ROSENTHAL ROSENTHAL RASCO 2875 NE 191ST STREET, SUITE 500 AVENTURA, FL 33180
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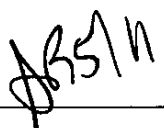
2. Principal Place of Business 3169 N.E. 163rd Street	3. Mailing Address 2665 S. Bayshore Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 703

City & State N. Miami Beach, FL	City & State Miami, FL
Zip 33160	Country USA
Zip 33133	Country USA

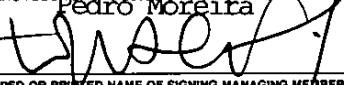
6. Name and Address of Current Registered Agent RASCO, EDUARDO I 2875 NE 191ST STREET SUITE 500 AVENTURA, FL 33180		7. Name and Address of New Registered Agent Name World Corporate Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 2665 S. Bayshore Drive, #703 City Miami FL Zip Code 33133	
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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 	Timothy D. Richards, President 4/29/05 (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MGR Moreira, Pedro 3169 N.E. 163rd Street N. Miami Beach, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MGR Dos Santos Martins, Madalena 3169 N.E. 163rd Street N. Miami Beach, FL 33160
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 500054529535 05/13/05--01066--017 ***982.50
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 
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 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.	
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SIGNATURE: 	4/29/05 (305) 948-3366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #

FILED
05 MAY -4 PH 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04282005 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-2530367

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