

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000003684

**FILED**  
**Feb 20, 2007**  
**Secretary of State**

**Entity Name:** CR PARTNERS II, LLC

**Current Principal Place of Business:**

8725 N.W. 18TH TERRACE, SUITE 105  
MIAMI, FL 33172

**New Principal Place of Business:**

8725 N.W. 18TH TERRACE, SUITE 105  
DORAL, FL 33172

**Current Mailing Address:**

8725 N.W. 18TH TERRACE, SUITE 105  
MIAMI, FL 33172

**New Mailing Address:**

8725 N.W. 18TH TERRACE, SUITE 105  
DORAL, FL 33172

FEI Number: 65-1092876

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**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 US

**Name and Address of New Registered Agent:**

SMITH, STEPHEN H  
8725 N.W. 18TH TERRACE  
SUITE 105  
DORAL, FL 33172 US

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.

SIGNATURE: STEPHEN H. SMITH

02/20/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SMITH, STEPHEN H  
Address: 8725 N.W. 18TH TERRACE, SUITE 105  
City-St-Zip: MIAMI, FL 33172

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SMITH, STEPHEN H  
Address: 8725 N.W. 18TH TERRACE, SUITE 105  
City-St-Zip: DORAL, FL 33172

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEPHEN H. SMITH

MGR

02/20/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date