

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000067608

FILED
Jun 25, 2009
Secretary of State

Entity Name: SOUTH MIAMI VENTURES II, LLC

Current Principal Place of Business:

C/O FIRST NATIONAL BANK OF SOUTH MIAMI
5750 SUNSET DRIVE
SOUTH MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

C/O FIRST NATIONAL BANK OF SOUTH MIAMI
5750 SUNSET DRIVE
SOUTH MIAMI, FL 33143

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALAS, ROLANDO
C/O FIRST NATIONAL BANK OF SOUTH MIAMI
5750 SUNSET DRIVE
SOUTH MIAMI, FL 33143 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: VP () Change (X) Addition
Name: SALAS, ROLANDO
Address: 5750 SUNSET DRIVE
City-St-Zip: SOUTH MIAMI, FL 33143

Title: SECR () Change (X) Addition
Name: SALAS, ROLANDO
Address: 5750 SUNSET DRIVE
City-St-Zip: SOUTH MIAMI, FL 33143

Title: CFO () Change (X) Addition
Name: RODRIGUEZ, PABLO
Address: 5750 SUNSET DRIVE
City-St-Zip: SOUTH MIAMI, FL 33143

I hereby certify that the information supplied with this filing does not qualify 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: ROLANDO SALAS

VP

06/25/2009

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