that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANTHONY BARBIERI

Electronic Signature of Signing Authorized Person(s) Detail

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000028182

Entity Name: ATB PINE AVENUE II LLC

Current Principal Place of Business:

1638 DONNA ROAD WEST PALM BEACH, FL 33409

Current Mailing Address:

1638 DONNA ROAD WEST PALM BEACH. FL 33409

FEI Number: 27-2120648

Name and Address of Current Registered Agent:

BARBIERI, ANTHONY T 1638 DONNA ROAD WEST PALM BEACH, FL 33409 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:

Electr	onic Signature	of Registered	I Agent

Authorized Person(s) Detail :

Title	MGR	Title	AUTHORIZED REPRESENTATIVE
Name	BARBIERI, ANTHONY T	Name	PRUSS, VANESSA B
Address	1638 DONNA ROAD	Address	1638 DONNA ROAD
City-State-Zip:	WEST PALM BEACH FL 33409	City-State-Zip:	WEST PALM BEACH FL 33409

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and

MANAGER

04/28/2015 Date

FILED Apr 28, 2015 Secretary of State CC2668315066

Certificate of Status Desired: No

Date