

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 22, 2004 8:00 am
Secretary of State

07-22-2004 90098 038 ****55.00

DOCUMENT # L00000005011 1. Entity Name SOUTH COAST PROPERTIES II L.L.C.					
Principal Place of Business 10800 BISCAYNE BLVD 10TH FLOOR MIAMI, FL 33161			Mailing Address 10800 BISCAYNE BLVD 10TH FLOOR MIAMI, FL 33161		
2. Principal Place of Business 10800 Biscayne Blvd. Suite, Apt. #, etc. Suite 350 City & State Miami, FL Zip 33161		3. Mailing Address 10800 Biscayne Blvd. Suite, Apt. #, etc. Suite 350 City & State Miami, FL Zip 33161			
Country USA		Country USA		4. FEI Number 65-1060226	
5. Certificate of Status Desired XX \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CYPEN, STEPHEN H 825 ARTHUR GODFREY ROAD MIAMI BEACH, FL 33140			7. Name and Address of New Registered Agent Name Stuart Posner, Trustee Street Address (P.O. Box Number is Not Acceptable) 10800 Biscayne Blvd. Suite 350 City Miami FL Zip Code 33161		
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 Stuart Posner, Trustee 7/09/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POSNER, STEVEN TRUSTEE 10800 BISCAYNE BLVD 10TH FLOOR MIAMI, FL 33161	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP 10800 Biscayne Blvd., Suite 350 Miami, FL 33161			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POSNER, STUART TRUSTEE 10800 BISCAYNE BLVD 10TH FLOOR MIAMI, FL 33161	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP 10800 Biscayne Blvd., Suite 350 Miami, FL 33161			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 registered agent or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: Stuart Posner, Trustee 7/9/04 (305) 893-1110 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					