

2001 UNIFORM BUSINESS REPORT (UBR)

0011/38 AF

DOCUMENT.# L00000008967
1. Entity Name
 BANKATLANTIC FINANCIAL VENTURES II, LLC

FILED
 2001 MAY -2 PM 4:00
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA



Principal Place of Business
 1750 EAST SUNRISE BLVD.
 FORT LAUDERDALE FL 33304

Mailing Address
~~1750 EAST SUNRISE BLVD.~~
 FORT LAUDERDALE FL ~~33304~~

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 P.O. Box 5403
 Suite, Apt. #, etc.

City & State

Zip 33310-5403 **Country**

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
 MILLER, ALISON W
 150 WEST FLAGLER STREET
 2200 MUSEUM TOWER
 MIAMI FL 33130

7. Name and Address of New Registered Agent
 Name: Gilbert, Glen R.
 Street Address (P.O. Box Number is Not Acceptable): 1750 E. Sunrise Blvd
 Third Floor
 City: Fort Lauderdale FL Zip Code: 33304

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.

SIGNATURE *Glen R. Gilbert*
 GLEN R. GILBERT *Manager*
~~Executive Vice President~~
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE: 4/17/2001

FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 600004336716--2
 -05/31/01--01075--016
 *****50.00

9. MANAGING MEMBERS / MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Manager	Levan, Alan B.	1750 East Sunrise Boulevard	Fort Lauderdale, FL 33304		
Manager	Gilbert, Glen R.	1750 East Sunrise Boulevard	Fort Lauderdale, FL 33304		
Manager	Abdo, John E.	1750 East Sunrise Boulevard	Fort Lauderdale, FL 33304		

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.

SIGNATURE: *Glen R. Gilbert*
 GLEN R. GILBERT, *Manager*
~~Executive Vice President~~
 Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE: 4/17/2001 Daytime Phone #

CR2E083 (11/00)