

FILED
Jul 08, 2002 8:00 am
Secretary of State

05-15-2002 90133 033 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008967

1. Entity Name

BANKATLANTIC FINANCIAL VENTURES II, LLC

Principal Place of Business

1750 EAST SUNRISE BLVD.
FORT LAUDERDALE FL 33304

Mailing Address

P.O. BOX 5403
FT LAUDERDALE FL 33310-5403

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1026778** APPLIED FOR

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GILBERT, GLEN R
1750 EAST SUNRISE BLVD.
THIRD FL
FORT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR LEVAN, ALAN B	1750 EAST SUNRISE BLVD.	FORT LAUDERDALE FL 33304	<input type="checkbox"/>
MGR GILBERT, GLEN R	1750 EAST SUNRISE BLVD.	FORT LAUDERDALE FL 33304	<input type="checkbox"/>
MGR ABDO, JOHN E	1750 EAST SUNRISE BLVD.	FORT LAUDERDALE FL 33304	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

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

CR2E083 (9/01)

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:

SIGNATURE REQUIRED
Glen R. Gilbert, manager

4/23/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #