

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000008967

FILED
Apr 19, 2006
Secretary of State

Entity Name: BANKATLANTIC FINANCIAL VENTURES II, LLC

Current Principal Place of Business:

2100 CYPRESS CREEK ROAD
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5403
FT. LAUDERDALE, FL 333105403

New Mailing Address:

FEI Number: 65-1026778 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILBERT, GLEN R
2100 CYPRESS CREEK ROAD
FORT LAUDERDALE, FL 33309 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: MGR () Delete
Name: LEVAN, ALAN B
Address: 2100 CYPRESS CREEK ROAD
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: MGR () Delete
Name: GILBERT, GLEN R
Address: 2100 CYPRESS CREEK ROAD
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: MGR () Delete
Name: ABDO, JOHN E
Address: 2100 CYPRESS CREED ROAD
City-St-Zip: FORT LAUDERDALE, FL 33309

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: GLEN R. GILBERT

EVP

04/19/2006

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