2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000013132

1. Entity Name
CONSIGNMENT WORLD II, LLC

Principal Place of Business	Mailing Address
9539 PARK VIEW AVE. BOCA RATON, FL 33420	9539 PARK VIEW AVE. BOCA RATON, FL 33420

02252006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
65-1050893
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHWARTZ, ROBERT D
555 S. FEDERAL HWY., STE. 430
BOCA RATON, FL 33432

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	SCOVIN, GERALD
STREET ADDRESS	9539 PARK VIEW AVE.
CITY-ST-ZIP	BOCA RATON, FL 33420
TITLE	MGRM
NAME	SCOVIN, BARBARA
STREET ADDRESS	9539 PARK VIEW AVE.
CITY-ST-ZIP	BOCA RATON, FL 33420
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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STREET ADDRESS	
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TITLE	
NAME	
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CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 3/13/06 561-715 0487
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #