

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L00000013132

1. Entity Name
CONSIGNMENT WORLD II, LLC



Principal Place of Business

9539 PARK VIEW AVE.
BOCA RATON, FL 33420

Mailing Address

9539 PARK VIEW AVE.
BOCA RATON, FL 33420

FILED
Apr 30, 2007 08:00 AM
Secretary of State



03252007 No Chg-LLC

CR2E083 (11/05)

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| | |
|---|--|
| 4. FEI Number 65-1050893 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SCOVIN, GERALD 9539 PARK VIEW AVE. BOCA RATON, FL 33420 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SCOVIN, BARBARA 9539 PARK VIEW AVE. BOCA RATON, FL 33420 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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05/16/07-80041-003 50.00

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #