

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 18, 2003 8:00 am**  
**Secretary of State**

03-18-2003 90147 020 \*\*\*\*50.00

0054092

**DOCUMENT # L00000016167**

1. Entity Name  
**LBTP INVESTMENTS II, LLC**



Principal Place of Business  
**C/O ROLAND SANCHEZ-MEDINA JR., ESQ.  
201 S. BISCAYNE BLVD., STE. 2200  
MIAMI FL 33131**

Mailing Address  
**P.O. BOX 140396  
CORAL GABLES FL 33114**

2. Principal Place of Business  
**201 S. BISCAYNE BLVD  
17 FLOOR**

3. Mailing Address  
**P.O. BOX 398655**

Suite, Apt. #, etc.  
**17 FLOOR**

Suite, Apt. #, etc.

City & State  
**MIAMI, FLORIDA**

City & State  
**MIAMI BEACH, FLORIDA**

Zip  
**33131**

Country  
**USA**

Zip  
**33239**

Country  
**USA**



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1073905** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**SANCHEZ-MEDINA, ROLAND JR ESQ  
201 S. BISCAYNE BLVD., STE. 2200 - 17 FLOOR  
MIAMI FL 33131**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**201 S. BISCAYNE BLVD, 17 FLOOR**  
City **MIAMI** FL Zip Code **33131**

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)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR LUMBRERAS, JAVIER 1680 MICHIGAN AVE. #915 MIAMI BEACH FL 33139</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR LUMBRERAS, JAVIER P.O. BOX 398655 MIAMI BEACH, FL 33239</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS SANCHEZ-MEDINA, ROLAND JR. 201 S. BISCAYNE BLVD., #2200 MIAMI FL 33131</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>201 S. BISCAYNE, 17 FLOOR</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 OF JAVIER LUMBRERAS** **MAR 12 2003 305.531-1121**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)