

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000005396

1. Entity Name
ROSS MATZ INVESTMENTS II, LLC



Principal Place of Business
**3325 SOUTH UNIVERSITY DRIVE
SUITE 210
DAVIE, FL 33328**

Mailing Address
**3325 SOUTH UNIVERSITY DRIVE
SUITE 210
DAVIE, FL 33328**



04132004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1150150

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROSS, BARRY
3325 SOUTH UNIVERSITY DRIVE
SUITE 210
DAVIE, FL 33328**

**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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
ROSS, BARRY
3325 SOUTH UNIVERSITY DRIVE
DAVIE, FL 33328**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
MATZ, WILLIAM D
3325 SOUTH UNIVERSITY DRIVE
DAVIE, FL 33328**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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CITY - ST - ZIP

010000141721
04/30/04-000024-000 50.00

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

4-20-04 959-462-5000