2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000005396

* * * *

ROSS MATZ INVESTMENTS II, LLC



Principal Place of Business

3325 SOUTH UNIVERSITY DRIVE

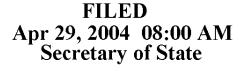
SUITE 210

DAVIE, FL 33328

Mailing Address

3325 SOUTH UNIVERSITY DRIVE SUITE 210

DAVIE, FL 33328





04132004 No Chg-LLC

CR2E083 (10/03)

4.	FEI Number						
	65-1150150						

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

			Current		

ROSS, BARRY 3325 SOUTH UNIVERSITY DRIVE SUITE 210

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DAVIE, FL	. 33328		THIS OF AGE
8. The above the obligat	named entity submits this statement for the purpose of chanions of registered agent.	ging its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	INOTE Registered Agent signature required when reinstating)	DATE
Fi	iling Fee is \$50.00 ue by May 1, 2004		
9.	MANAGING MEMBERS/MANAGERS		
NAME STHEET ADDRESS CITY-ST-ZIP	MGR ROSS, BARRY 3325 SOUTH UNIVERSITY DRIVE DAVIE, FL 33328		guderija 1720 guderija 1720
NAME STREET ADDRESS CITY-ST ZIP	MGR MATZ, WILLIAM D 3325 SOUTH UNIVERSITY DRIVE DAVIE, FL 33328		64 (30) (04-36024 -020-50, 96
TITLE NAME STREET ADDRESS CITY - ST- ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE	}		

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 flustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY ST-ZIP

> Ross JRE: DARRY RISS
> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE