

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000014461

Entity Name: BGR DEVELOPMENT II, LLC

FILED
Jan 29, 2008
Secretary of State

Current Principal Place of Business:

8181 NW 36 ST
SUITE 1001
MIAMI, FL 33166

New Principal Place of Business:

3650 NW 82 AV
SUITE 402
DORAL, FL 33166

Current Mailing Address:

8181 NW 36 ST
SUITE 1001
MIAMI, FL 33166

New Mailing Address:

3650 NW 82 AV
SUITE 402
DORAL, FL 33166

FEI Number: 02-0550657

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARON, CESAR
8181 NW 36 ST
SUITE 1001
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

BARON, CESAR
3650 NW 82 AV
SUITE 402
DORAL, FL 33166 US

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.

SIGNATURE:

01/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BARON-RAMIREZ, CESAR
Address: 8181 NW 36 ST SUITE 1001
City-St-Zip: MIAMI, FL 33166

Title: MGR () Delete
Name: BARON, LINA
Address: 8181 NW 36 ST SUITE 1001
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BARON-RAMIREZ, CESAR
Address: 3650 NW 82 AV
City-St-Zip: DORAL, FL 33166

Title: MGR (X) Change () Addition
Name: BARON, LINA
Address: 3650 NW 82 AV
City-St-Zip: DORAL, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LINA BARON

MGR

01/29/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date