FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90066 004 ***150.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000001494

1. Entity Name
ATLANTIC AVENUE PARTNERS II, LLC

Principal Place of Business
701 BRICKELL AVENUE, SUITE 3000
MIAMI, FL 33131

Mailing Address
701 BRICKELL AVENUE, SUITE 3000
MIAMI, FL 33131

2. Principal Place of Business: 1801 S. FEDERAL HWY
Suite, Apt. #, etc.: STE 241
City & State: DELRAY BEACH, FL
Zip: 33483 Country: PALM BEACH

3. Mailing Address: ← SAME
Suite, Apt. #, etc.
City & State
Zip
Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 75-3068205 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE, SUITE 3000
MIAMI, FL

7. Name and Address of New Registered Agent
Name: MICHAEL G. PARK, ESQ.
Street Address (P.O. Box Number is Not Acceptable): 610 N. DIXIE HWY
City: LANTANA FL Zip Code: 33462

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] 2/6/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MANAGING MEMER	☐ Delete
NAME	PATRICK W. LYNCH	
STREET ADDRESS	1801 S. FEDERAL HWY, STE 241	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E083 (10/02)

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: X [signature] 561-243-0019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #