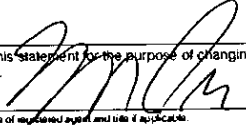
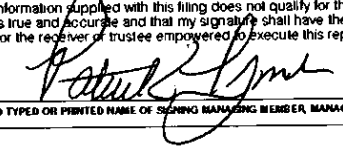


FILED
Feb 14, 2003 8:00 am
Secretary of State

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		3. Mailing Address ← SAME Suite, Apt. #, etc.
City & State DELRAY BEACH, FL		City & State
Zip 33483	Country PALM BEACH	Zip Country
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 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  DATE 2/6/03 (NOTE: Registered Agent Signature required when registering.)		
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	MANAGING MEMBER PATRICK W. LYNCH 1801 S. FEDERAL HWY, STE 241 DELRAY BEACH, FL 33483	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP
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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, MANAGER, OR AUTHORIZED REPRESENTATIVE		561-243-0019 Daytime Phone #

CR2E083 (10/02)