

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007381

FILED
Apr 26, 2007
Secretary of State

Entity Name: ST. TROPEZ II, LLC

Current Principal Place of Business:

3211 PONCE DE LEON
SUITE 301
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

3211 PONCE DE LEON
SUITE 301
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 02-0588020 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARKER, REX M
3211 PONCE DE LEON
SUITE 301
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MILTON, JOSEPH
Address: 3211 PONCE DE LEON 301
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: GIL, YOSI
Address: 3211 PONCE DE LEON 301
City-St-Zip: CORAL GABLES, FL 33134

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: BARKER, REX M
Address: 3211 PONCE DE LEON
City-St-Zip: CORAL GABLES, FL 33134

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: REX M BARKER

MGR

04/26/2007

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