

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 25, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90135 005 \*\*\*\*55.00

**DOCUMENT # L02000009575**

1. Entity Name

SCHOOL DEVELOPMENT II LLC



**20024917**

Principal Place of Business

C/O IGNACIO G. ZULUETA, ESQ.  
6255 BIRD ROAD  
MIAMI, FL 33155

Mailing Address

C/O IGNACIO G. ZULUETA, ESQ.  
6255 BIRD ROAD  
MIAMI, FL 33155

**DO NOT WRITE IN THIS SPACE**



01182005No Chg-LLC

CR2E083 (10/03)

4. FEI Number

14-1865619

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ZULUETA, IGNACIO G ESQ  
6255 BIRD ROAD  
MIAMI, FL 33155

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

|                 |                    |
|-----------------|--------------------|
| TITLE           | MGR                |
| NAME            | ZULUETA, IGNACIO G |
| STREET ADDRESS  | 6255 BIRD RD.      |
| CITY - ST - ZIP | MIAMI, FL 33155    |

|                 |  |
|-----------------|--|
| TITLE           |  |
| NAME            |  |
| STREET ADDRESS  |  |
| CITY - ST - ZIP |  |

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| TITLE           |  |
| NAME            |  |
| STREET ADDRESS  |  |
| CITY - ST - ZIP |  |

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

3/22/05

Date

(305) 669-8845

Daytime Phone #