

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000009914

FILED
May 03, 2005
Secretary of State

Entity Name: DAKY APARTMENT'S II, L.L.C.

Current Principal Place of Business:

250 SW 84TH AVE
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

250 SW 84TH AVE
MIAMI, FL 33144

New Mailing Address:

FEI Number: 20-0649604 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GARCIA, MARIA E
250 SW 84TH AVE
MIAMI, FL 33144 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: GARCIA, MARIA E
Address: 250 SW 84TH AVE
City-St-Zip: MIAMI, FL 33144

Title: MGR () Delete
Name: GARCIA, RUBEN
Address: 250 SW 84TH AVE
City-St-Zip: MIAMI, FL 33144

Title: MGR () Delete
Name: GARCIA, RUBEN
Address: 250 SW 84TH AVE
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARIA E. GARCIA

MGRM

05/03/2005

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