

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # L02000012225</b>  |   |
| 1. Entity Name<br><b>MANGONE &amp; SONS INVESTMENTS II, LLC</b>                           |   |
| Principal Place of Business<br><b>4801 W. HILLSBORO BLVD.<br/>COCONUT CREEK, FL 33073</b> | Mailing Address<br><b>4801 W. HILLSBORO BLVD.<br/>COCONUT CREEK, FL 33073</b> |



01112007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |  |
|---|--|
| 4. FEI Number<br><b>55-0786380</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required                  |

**6. Name and Address of Current Registered Agent**

**MANGONE, MARIO  
4801 W. HILLSBORO BLVD.  
COCONUT CREEK, FL 33073**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

|                |                               |
|----------------|-------------------------------|
| TITLE          | <b>MGRM</b>                   |
| NAME           | <b>MANGONE, MARIO</b>         |
| STREET ADDRESS | <b>6435 N.W. 74TH TERRACE</b> |
| CITY-ST-ZIP    | <b>PARKLAND, FL 33007</b>     |

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

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05/11/07-80066-015 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Date Daytime Phone #