

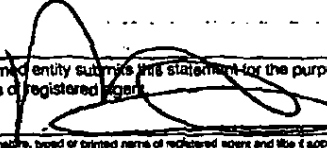
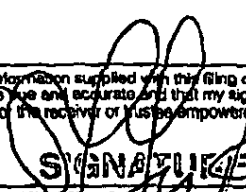
FILED
Jun 23, 2003 8:00 am
Secretary of State

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05-02-2003 90583 031 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000013093			
1. Entity Name REAL ESTATE VENTURES II, LLC			
Principal Place of Business 1775 EAGLE TRACE BLVD. WEST CORAL SPRINGS FL 33071		Mailing Address 1775 EAGLE TRACE BLVD. WEST CORAL SPRINGS FL 33071	
2. Principal Place of Business 1500 University Dr Suite, Apt. #, etc. 105 City & State Coral Springs FL Zip 33071		3. Mailing Address Same Suite, Apt. #, etc. Same City & State Same Zip Same	
4. FEI Number		☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent ROSENBERG, ARTHUR R 4875 N. FEDERAL HWY., 7TH FLOOR FORT LAUDERDALE FL 33308		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 4/29/03			
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 Philip Fryser member 1500 University Dr Coral Springs FL 33071	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP WALTER TEJERA 1500 University Dr Coral Springs FL 33071	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:  DATE 4/29/03 TIME 7:57:36 PM			