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

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

44004909

Principal Place of Business	Mailing Address
1775 EAGLE TRACE BLVD. WEST CORAL SPRINGS FL 33071	1775 EAGLE TRACE BLVD. WEST CORAL SPRINGS FL 33071

2. Principal Place of Business	3. Mailing Address
1500 University Dr	Same
Suite, Apt. #, etc.: 105	Suite, Apt. #, etc.: Same
City & State: Coral Springs Fl	City & State: Same
Zip: 33071 County: Broward	Zip: Same Country

☐ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
ROSENBERG, ARTHUR R 4875 N. FEDERAL HWY., 7TH FLOOR FORT LAUDERDALE FL 33308	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 ______ 4/25/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 Frysell member M 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	[illegible] ☐ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

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 REQUIRED 4/23/03 7573682800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

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