2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE: LIKELLE & SULLEUL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

ANNUAL REPORT (AR)					FILED .			
DOCU 1. Entity Nan	MENT # L02000015	314		May 02, 2005 08:00 AM Secretary of State				
SUPREM	E REAL ESTATE II, LLC			y	Secretar y	or State		
Principal Plac	ce of Business	Mailing Address		•			•-	
2800 PONC MIAMI FL 3	CE DE LEON BLVD., STE. 1125 3134	2800 PONCE DE LEC MIAMI FL 33134	ON BLVD., STE. 1125					
i								
2. Principal Place of Business		3. Mailing Address						
Suite, Apt #, etc		Suite, Apt. #, etc			1st MOORE C	R2E083 (10/04)		
City & State		City & State		4. FE≀ Nun	NO-T APPLIC	'ADIE	pplied For ot Applicab	
Zĭp	Country	Zip	Country	5. Certifica	ate of Status Desired	S5.00 Add		
	6. Name and Address of Curre	nt Registered Agent		7. Name a	nd Address of New Reg	stered Agent		
OF	T TWAND		Name				*	
280	F, EVAN D O PONCE DE LEON BLVD .MI FL 33134	., STE. 1125	Street Addres	s (P.O. Box Nun	nber is Not Acceptable)			
			City			Zip Code		
C The alexan					The land of Burn of Friends			
the obligat	 named entity submits this statement tions of registered agent. 	tior the purpose of changing it	s tedisteted office of tedis	tered agent, or t	ooth, in the State of Florid	a. I am iamiliar with,	and accep	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (NO	TE Registered Agent signature requ	red when reinstating)		DATE		
		FILE N	OW!!! FEE IS \$50.00)			, ,	
			ole to Florida Departm					
		_	re By May 1, 2005					
9.	MANAGING MEM	BERS/MANAGERS	10.		ADĎÍŤÍÓNS/CH	IANGES		
TiTLE	MGR	☐ Delete	IITLE		UG00003562	בקר ☐ Change	Addition	
NAME	TRUDEAU, ROSEMARY		NAME		05/04/05-8002	29–ั004 50.00		
STREET ADDRESS CITY-ST-ZIP	3000 NW 107 AVE.		STHLET ADDRESS CITY-ST-ZIP					
TITLE	140 A 140 1 E 3317 E	Delete	TITLE			Change	☐ Additio	
NAME		First Determ	NAME			C cualitie		
STREET ADDRESS			STREET ADDRESS					
CHY-ST-ZIP			CHY ST-ZIP					
TITLE		☐ Dejete	LITTE			☐ Change	Additi.	
NAME .			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CHTY-ST-ZIP					
		□ D.Let	TITLE			Change	TT Additio	
TITLE NAME		☐ Delete	NAME			☐ Change	T worder	
STREET ADDRESS			SIRECT ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
Tiffe		☐ Delete	TITLE	······································		☐ Change	Addilic	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP		********			
TITLE		☐ Defete	HTTE NAME			☐ Change	Addition	
NAME STREET ADDRESS			SIRELI ADDRESS					
CHY-ST-ZIP	,	•	CITY ST ZIP					
11. I hereby o	pertify that the information supplied we on this report is true and accurate at	ith this filing does not qualify fo	or the exemption stated in	Section 119.07(3)(i), Florida Statutes. I fur	ther certify that the in	formation	
indicatéd limited lia	on this report is true and accurate an bility company or the receiver or trus	nd that my signature shall have tee empowered to execute this	e the same legal effect as it is report as required by Cha	f made under oa apter 608, Florid	ith, that I am a managing a Statutes.	member or manage	r of the	

4/18/05 (305)873-1294
Dele Coyuma Phone #