

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90219 016 ****50.00

DOCUMENT # L02000016808						
1. Entity Name WAGNER SQUARE (II), LLC						
Principal Place of Business WAGNER SQUARE(II), LLC 7491 W OAKLAND PARK BLVD #306 FORT LAUDERDALE, FL 33319			Mailing Address WAGNER SQUARE(II), LLC 7491 W OAKLAND PARK BLVD #306 FORT LAUDERDALE, FL 33319			
2. Principal Place of Business 1175 NE 125th Street		3. Mailing Address 1175 NE 125th Street				
Suite, Apt. #, etc. Suite 103		Suite, Apt. #, etc. Suite 103				
City & State North Miami, FL		City & State North Miami, FL				
Zip 33161	Country US	Zip 33161	Country US	01262004 Chg-LLC CR2E083 (10/03)		
4. FEI Number 16-1655529				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent KOLSKY, DEBRA S 7491 W OAKLAND PARK BLVD STE 306 FORT LAUDERDALE, FL 33319		
7. Name and Address of New Registered Agent Name: Debra Sinkle Kolsky Street Address (P.O. Box Number is Not Acceptable) 1175 NE 125th Street Suite 103 City: North Miami, FL Zip Code: 33161				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: <u><i>Debra Sinkle Kolsky</i></u> DATE: <u>3/4/04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SINKLE KOLSKY, DEBRA 7491 W. OAKLAND PARK BLVD, SUITE 306 FORT LAUDERDALE, FL 33319 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Sinkle Kolsky, Debra 1175 NE 125th Street, Suite 103 North Miami, FL 33161 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILO, ALBERTO JR 301 SW 17TH ROAD, 2ND FLOOR MIAMI, FL 33129 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Milo, Alberto JR 1801 SW 3rd Avenue, Suite 500 Miami, FL 33129 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COCOSE, WILLIAM A 10910 HAYDN DRIVE BOCA RATON, FL 33498 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.						
SIGNATURE: <u><i>Debra Sinkle Kolsky, Mgr</i></u>				Date: <u>3/4/04</u> Daytime Phone #: <u>305-981-4500</u>		