

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000023288		
1. Entity Name CUBAR II, LLC		
Principal Place of Business 1302 NE 125 STREET NORTH MIAMI, FL 33161 US		Mailing Address 1302 NE 125 STREET NORTH MIAMI, FL 33161 US
DO NOT WRITE IN THIS SPACE		
		04212004 No Chg-LLC CR2E083 (10/03)
4. FEI Number 41-2082429		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent CARLOS A. GIL, P.A. 3910 WEST FLAGLER STREET SUITE 100 MIAMI, FL 33134		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2004		
000000150388 05/04/04-80004-010 50.00		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CUBAS, MILTON 1302 NE 125 STREET NORTH MIAMI, FL 33161	DO NOT WRITE IN THIS SPACE
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		
Date _____ Daytime Phone # _____		