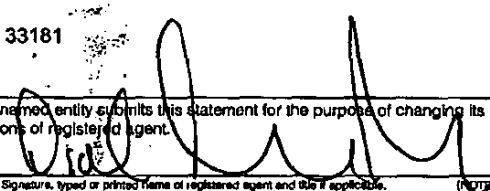
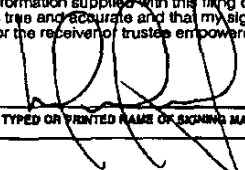


FILED
May 06, 2004 8:00 am
Secretary of State

04-20-2004 90186 037 ****50.00

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000029096			
1. Entity Name P.E. INVESTMENTS II, LLC			
Principal Place of Business 12550 BISCAYNE BLVD 405 MIAMI, FL 33181		Mailing Address 12550 BISCAYNE BLVD 405 MIAMI, FL 33181	
2. Principal Place of Business 1911 HARRISON Street		3. Mailing Address 1911 HARRISON Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hollywood, FLORIDA		City & State Hollywood, FLORIDA	
Zip 33020	Country U.S.A.	Zip 33020	Country U.S.A.
4. FEI Number 56-2342420		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent GRISALES-RACINI, OSCAR ESQ. 12550 BISCAYNE BLVD STE 405 MIAMI, FL 33181		7. Name and Address of New Registered Agent Name: GRISALES-RACINI, OSCAR ESQ. Street Address (P.O. Box Number is Not Acceptable): 1911 HARRISON Street City: Hollywood, FLORIDA FL Zip Code: 33020	
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: 05-03-04			
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	MGRM PERCHIK, ELIAS 12550 BISCAYNE BLVD STE 405 NORTH MIAMI, FL 33181 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER Perchik, ELIAS 1911 HARRISON Street Hollywood, FL 33020 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Perchik, DAVID 1911 HARRISON Street Hollywood, FLORIDA 33020 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER Perchik, Gustavo 1911 HARRISON Street Hollywood, FL 33020 ☐ 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		06-03-04 954 92406 79	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	