LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000029096



FILED Mar 21, 2003 8:00 am Secretary of State 03-21-2003 90029 008 ****50.00

| 1. Entity Nam | INVESTMENTS II. | LLC | | | | 03-21-20 | 03 90029 00 | 08 ****30.00 | |
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| e de la companya de l | DO NOT WRITE | IN THIS SP | AČE | | | · | | | |
| 2. Principal P | Biscayne Blud. | 3. Mailing Address 12550 BIS (Q | Whe i | Blud | | | | | |
| Suite. Act. 405 | | Suite. Apt. #. etc. 405 | y | | | DO NOT WR | ITE IN THIS SPA | ACE | |
| Çity & State | Migmi, Florida | City & State North Miam | 11, 71 | oridg | 4, FEI Numa | per | | Applied For Not Applicable | , |
| 3318 | Country USA | 33181 | Country USA | | | e of Status Desired | ☐ Fee | 5.00 Additional e Required | |
| i | | | Nam | - | | Address of Currer | | | 4 |
| - DO NOT-WRITE | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | ╬ |
| IN THIS SPACE | | | | 2550 Biscayne Bivol. Suite 405 | | | | | - |
| | | | | NACH | | | FL | Zia Code p / | + |
| The above named entities submits this statement for the purpose of changing its registered office or response to the purpose of changing its registered office or response to the purpose of changing its registered of the purpose of chan | | | | | | oth, in the State of F | | iliar with, and accept | 1 |
| | ons of registered agent. | | - | | | 1 | . 12-2 |) | |
| SIGNATURE . | Signature, Typed or printed name of registered agent a | wittle faccicasie. | | | | <u>03</u> 1 | 11 COO- |) | |
| | | 1 | E IS \$50.0 | | nt of State | | | | |
| | | Make Check Payable DL | IE BY MAY | - | nt or State | | | | |
| 9. | MANAGING MEMBER | RS/MANAGERS | 77.6 | | | | | | ٦ ج |
| RTLE NAME | MGRM PERCHIK, ELIAS_ | TITLE HAME | | | | | | 1300 | |
| STREET ADDRESS | PERCHIK, ELIAS 12650 BISCAXNE BI MORTH MIAMIL, F | STREET ADDRE | STREET ADDRESS CITY-ST-ZIP | | | | | | |
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| KAME STREET ADDRESS | | | NAME Street Addre | ss | .* | | | | 10 |
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| CITY-ST-ZIP TITLE | - | | TITLE | <u> </u> | | THIS | | | 1 |
| NAME STREET ADDRESS | | | NAME * Street addre | | 111 | 4 INIO | SPACE | _ | |
| City-St-Zip | | | CHTY-ST-ZIP | | | | | • | |
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| TITLE NAME | | • | NAME | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | ! | STREET ADDRE | ss | | | | | |
| 11. Thereby o | tertify that the information supplied with on this report is true and accurate and t | his filing does not quality for th | ne exemption | stated in Se | ction 119.07(3) | (i), Florida Statutes | I further certify | that the information | 1 |
| limited lia | on this resort is true and accurate and to onity company or the receiver of trustee | empowered to execute this re | port as require | ed by Chap | ter 608. Florida | Statutes. | .g. ig momoer of | managor of the | |