2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000031834

1. Entity Name

MYSTIC FOREST INVESTMENTS II, L.L.C.



Principal Place of Business

9240 SUNSET DRIVE, SUITE 216 MIAMI, FL 33173

Mailing Address

9240 SUNSET DRIVE, SUITE 216 MIAMI, FL 33173

FILED

Jan 07, 2004 08:00 AM Secretary of State

01032004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 16-1643831

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

THOMAS G. SHERMAN, ESQ., P.A. 218 ALMERIA AVENUE CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of cha ions of registered agent	anging its registered office or registered agent, or bot	h, in the State of Florida. I am familiar with, and accept
SIGNATURE_			
	Signature, typed or printed name of registered agent and title if applicable	(NOTE, Registered Agent signature required when reinstating)	DATE
	ling Fee is \$50.00 ue by May 1, 2004 MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SARMIENTO, ANTONIO A 9240 S.W. 72ND STREET, SUITE 216 MIAMI, FL 33173		80000000191 01/07/04-80011-007 55.00
tetes	MGR		

NAME REDONDO, JORGE STREET ADDRESS 680 N.E. 105TH LANE CETY - ST - ZIP ANTHONY, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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 flue and accurate and that my signature shall have the same legal effect as if made under each; that I am a managing member or manager of the limited liability company of the receiver or trustee expressive execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-7IP RITLE NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone 8