

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90065 017 ****50.00

DOCUMENT # L03000002683 1. Entity Name BROOKS FAMILY PROPERTIES II, L.L.C.					
Principal Place of Business 9401 NW 15TH STREET PLANTATION, FL 33322 US			Mailing Address 9401 NW 15TH STREET PLANTATION, FL 33322 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-0609978	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent BROOKS, DENNIS H 9401 NW 15TH STREET PLANTATION, FL 33322				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
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 BROOKS, DENNIS H 9401 NW 15TH STREET PLANTATION, FL 33322	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BROOKS, THO THI 9401 NW 15TH STREET PLANTATION, FL 33322	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROOKS, KEVIN HUNG 9401 NW 15TH STREET PLANTATION, FL 33322	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROOKS, TOBY T 9401 NW 15TH STREET PLANTATION, FL 33322	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROOKS, DAWN THI 9401 NW 15TH STREET PLANTATION, FL 33322	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
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: <i>Dennis H. Brooks</i> DENNIS H. BROOKS 1-20-04 954-882-3400 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					