

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP -6 AM 11:39

DOCUMENT # L03000005303

1. Entity Name
ADRIAN REAL ESTATE INVESTMENTS II, L.L.C.



Principal Place of Business Mailing Address
~~% 2450 SW 137TH AVE., SUITE 221~~ ~~% 2450 SW 137TH AVE., SUITE 221~~
~~MIAMI, FL 33175~~ ~~MIAMI, FL 33175~~

2. Principal Place of Business 3. Mailing Address
4000 Ponce de Leon Blvd 4000 Ponce de Leon Blvd
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 770 Suite 770
City & State City & State
Coral Gables, FL Coral Gables, FL
Zip Country Zip Country
33146 USA 33146 USA

06292005 Chg-LLC CR2E083 (10/03)

4. FEI Number 75-3099533 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

A&A-REGISTERED AGENT, INC.
2450 SW 137TH AVE., SUITE 221
MIAMI, FL 33175

7. Name and Address of New Registered Agent

Name A.M. Rojas, P.A.
Street Address (P.O. Box Number is Not Acceptable)
1985 NW 80 COURT
Suite 201
City Miami FL Zip Code 33172

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

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 September 7, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME ADRIAN REAL ESTATE INVESTMENTS II, INC.
STREET ADDRESS ~~2450 SW 137TH AVE., SUITE 221~~
CITY-ST-ZIP ~~MIAMI, FL 33175~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4000 Ponce de Leon Blvd, # 770
CITY-ST-ZIP Coral Gables, FL 33146

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 700059543377
CITY-ST-ZIP 09/12/05--01068--010 **50.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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:

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

Date

Daytime Phone #