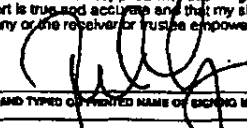


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 21, 2004 8:00 am
Secretary of State

08-20-2004 90065 020 ****55.00

DOCUMENT # L03000006628																																							
1. Entity Name JACARANDA TRAIL II, LLC																																							
Principal Place of Business 2937 S.W. 27TH AVE. SUITE 303 COCONUT GROVE, FL 33133		Mailing Address 2937 S.W. 27TH AVE. SUITE 303 COCONUT GROVE, FL 33133																																					
2. Principal Place of Business 2950 SW 27 AVE		3. Mailing Address 2950 SW 27 AVE																																					
Suite, Apt. #, etc. 200		Suite, Apt. #, etc. 200																																					
City & State MIAMI FL		City & State MIAMI FL																																					
Zip 33133		Zip 33133																																					
Country USA		Country USA																																					
4. FEI Number 51-0449408		Applied For ☐ Not Applicable																																					
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required																																							
6. Name and Address of Current Registered Agent MCDONOUGH, BRIAN J 150 WEST FLAGLER STREET SUITE 2200 MIAMI, FL 33130		7. Name and Address of New Registered Agent																																					
Name																																							
Street Address (P.O. Box Number is Not Acceptable)																																							
City		FL Zip Code																																					
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: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____																																							
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to: Florida Department of State																																					
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES																																					
<table border="1"> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>MEM MGR LLOYD BOB610 2950 SW 27 AVE #200 COCONUT GROVE, FL 33133</td> <td>☐ Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td>☐ Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td>☐ Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td>☐ Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td>☐ Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td>☐ Delete</td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM MGR LLOYD BOB610 2950 SW 27 AVE #200 COCONUT GROVE, FL 33133	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	<table border="1"> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> </table>		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	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: 		Date: 7-21-04 (305) 352-4748																																					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date																																					