


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000024623 1. Entity Name GERMO FLORIDA II, L.L.C.	
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Principal Place of Business BOCA CORPORATE CENTRE, STE. 238 2300 CORPORATE BLVD. BOCA RATON, FL 33431	Mailing Address BOCA CORPORATE CENTRE, STE. 238 2300 CORPORATE BLVD. BOCA RATON, FL 33431
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02182005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2399954	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MACLAREN, LINDA O 798 S. FEDERAL HWY., STE. 100 BOCA RATON, FL 33432

DO NOT WRITE IN THIS SPACE

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 May 1, 2005**

H00000314414
04/18/05-80166-009 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR SHUBIN, BILL 2300 NW CORPORATE BLVD #238 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM NAZAROFF, BARBARA 1 ZEPHYR RIDGE LAGUNA NIGUEL, CA 92677
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM NIKITIN, JANICE 1 PACIFIC CREST LAGUNA NIGUEL, CA 92677
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, OR AUTHORIZED REPRESENTATIVE

March 1, 2005

Date

(561) 395-2228

Daytime Phone #

Bill Shubin