2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

Mar 14, 2006 08:00 AM DOCUMENT # L03000034302 **Secretary of State** 1. Entity Name GLX PROPERTIES II LLC Principal Place of Business - Mailing Address ONE EAST BROWARD BLVD. SUITE # 700 ONE EAST BROWARD BLVD. SUITE # 700 FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33301 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) Applied For City & State City & State 4. FEI Number 56-2392359 Not Applicat Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LAW OFFICES OF GISELLE LEONARDO P.A. Street Address (P.O. Box Number is Not Acceptable) ONE EAST BROWARD BLVD. **SUITE # 700** FT. LAUDERDALE FL 33301 Zip Code 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. Signature, typed or printed name of registered agent and tale if applicable (NOTE Registered Agent signature required when reinstating) CATE FILE NOW!!! FEE IS \$50.00 UHHB00467273 Make Check Payable to Florida Department of State 03/23/06-80042-019 50.00 Due By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. ٥. ☐ Change ☐ Addition TITLE MGR ☐ Delete utte MAME NAME LAW OFFICE OF G. LEONARDO STREET ADDRESS STREET ADDRESS ONE EAST BROWARD BLVD, SUITE 700 CITY-ST-ZIP CDY-\$7-21P FORT LAUDERDALE FL 33301 Change ☐ Addition ☐ Delete me TITLE MANAG STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP Addition Change Change THEE Dofete SITES NUMBER NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-789 ☐ Change Addition 1 Delete TITLE 31723 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-24P CITY-ST-ZIP Change ☐ Addition ☐ Delate TIME 3,777 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-BP ☐ Change Addition Delete 1351.5 TOTAL NAME MAME STREET ADDRESS STREET ADURESS DIY-S1-27P CRY-ST-78 11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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.

FILED

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