


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90157 043 ***150.00

DOCUMENT # L04000018537 1. Entity Name ARMATUR II, LLC	
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Principal Place of Business 4836 SW 74TH CT MIAMI, FL 33155	Mailing Address 4836 SW 74TH CT MIAMI, FL 33155
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DO NOT WRITE IN THIS SPACE



01212006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 73-1698272	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

BELFRANIN, ZVONIMIR
4836 SW 74TH CT
MIAMI, FL 33155

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELFRANIN, ZVONIMIR 4836 SW 74TH CT MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELFRANIN, LOURDES 4836 SW 74TH CT MIAMI, FL 33155
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

SIGNATURE: ZVONIMIR BELFRANIN 1-26-06 305 669 0255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #