


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2007 08:00 AM
Secretary of State

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|--|---|
| DOCUMENT # L04000021671 1. Entity Name BALBINO INVESTMENTS II, LLC |  |
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|---|---|
| Principal Place of Business 8991 NW 173RD TERRACE MIAMI, FL 33018 | Mailing Address 8991 NW 173RD TERRACE MIAMI, FL 33018 |
|---|---|

DO NOT WRITE IN THIS SPACE



01262007No Chg-LLC

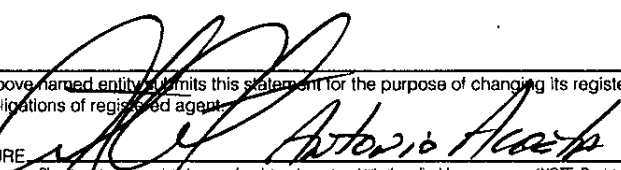
CR2E083 (11/05)

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| 4. FEI Number 20-2336813 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent ACOSTA, ANTONIO 8991 NW 173RD TERRACE MIAMI, FL 33018 |
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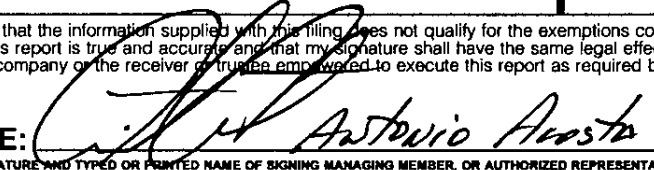
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| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | |
| SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | DATE 4/11/07 |

**Filing Fee is \$50.00
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ACOSTA, ANTONIO 8991 NW 173RD TERRACE MIAMI, FL 33018 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR VINAS, ROBERTO 225 ALHAMBRA CIRCLE, SUITE 425 CORAL GABLES, FL 33134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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U000000715056
04/27/07-80048-005 50.00

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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE | DATE 4/11/07 305/324 8003 Daytime Phone # |