


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 A
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



03052008 No Chg-LLC

CR2E083 (12/07)

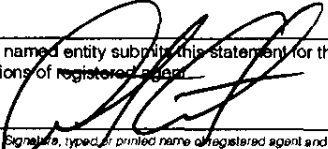
4. FEI Number 20-2336813	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ACOSTA, ANTONIO
8991 NW 173RD TERRACE
MIAMI, FL 33018**

**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  **Antonio Acosta** **3/5/08**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

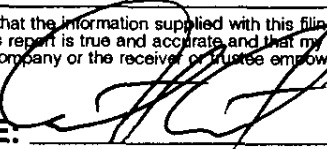
9. MANAGING MEMBERS/MANAGERS

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

U000000852197
03/26/08-80019-003 138.75

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  **Antonio Acosta** **3/5/08**

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