

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000030311

FILED
Apr 29, 2005
Secretary of State

Entity Name: ALEXANDRIA GROUP II, LLC

Current Principal Place of Business:

5321 GRANADA BLVD
CORAL GABLES, FL 33146 US

New Principal Place of Business:

11172 SOUTH DIXIE HWY
453
CORAL GABLES, FL 33146 US

Current Mailing Address:

11172 SOUTH DIXIE HWY
SUITE 453
CORAL GABLES, FL 33146

New Mailing Address:

11172 SOUTH DIXIE HWY
SUITE 453
CORAL GABLES, FL 33146 US

FEI Number: 20-1030035

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COUTTS, SEAN M
11172 SOUTH DIXIE HWY
SUITE 453
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: COUTTS, SEAN M
Address: 11172 SOUTH DIXIE HWY, SUITE 453
City-St-Zip: CORAL GABLES, FL 33146

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: COUTTS, SEAN M
Address: 11172 SOUTH DIXIE HWY, SUITE 453
City-St-Zip: CORAL GABLES, FL 33146 US

Title: MGRM () Change (X) Addition
Name: NADIA, GABER M
Address: 11172 SOUTH DIXIE HWY, SUITE 453
City-St-Zip: CORAL GABLES, FL 33146 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SEAN M. COUTTS

MGRM

04/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date