2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

05-17-2005 90119 048 ****50.00
L04000032167

FILED
2005 JUN 22 A 10: 11
SECRETARY OF STATE
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1st MOORE CR2E083 (10/04)

DOCUMENT # L04000032167

1. Entity Name

PUNTA FUEGO INVESTMENT PARTNERS II, LLC

Principal Place of Business	Mailing Address
200 OCEAN LANE DRIVE APT 901 KEY BISCAYNE FL 33149	200 OCEAN LANE DRIVE APT 901 KEY BISCAYNE FL 33149

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-1069926 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GONZALES, ANNIE P		NAME		
STREET ADDRESS	200 OCEAN LANE DRIVE APT 901		STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAYNE FL 33149		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify 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 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] Annie Gonzalez 5/13/05 305-5058919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #