


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT -3 AM 10:10

DOCUMENT # L04000033319 1. Entity Name CRO-MAN II, LLC																																																															
Principal Place of Business CRONIN & VRIS LLP 380 MADISON AVE, 24TH FLOOR NEW YORK, NY 10017		Mailing Address CRONIN & VRIS LLP 380 MADISON AVE, 24TH FLOOR NEW YORK, NY 10017																																																													
2. Principal Place of Business CRO-MAN II		3. Mailing Address 401 NW 34 Street																																																													
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																																													
City & State Pompano Beach, FL		City & State 																																																													
Zip 33064		Zip 																																																													
Country 		Country 																																																													
4. FEI Number 		<input checked="" type="checkbox"/> 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 MURAI WALD BIONDO MORENO & BROCHIN, PA 900 INGRAHAM BLDG 25 SE 2ND AVE MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																													
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) Signature, typed or printed name of registered agent and title if applicable. _____ DATE _____																																																															
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State																																																													
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td>Wendy H. Heston</td> <td>401 NW 34 Street</td> <td>Pompano Beach, FL 33064</td> <td></td> </tr> <tr> <td></td> <td>DAVID CRONIN</td> <td>401 NW 34 Street</td> <td>Pompano Beach, FL 33064</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete		Wendy H. Heston	401 NW 34 Street	Pompano Beach, FL 33064			DAVID CRONIN	401 NW 34 Street	Pompano Beach, FL 33064						<input type="checkbox"/> Delete					<input type="checkbox"/> Delete					<input type="checkbox"/> Delete					<input type="checkbox"/> Delete	10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition					<input type="checkbox"/> Change <input type="checkbox"/> Addition					<input type="checkbox"/> Change <input type="checkbox"/> Addition					<input type="checkbox"/> Change <input type="checkbox"/> Addition					<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete																																																											
	Wendy H. Heston	401 NW 34 Street	Pompano Beach, FL 33064																																																												
	DAVID CRONIN	401 NW 34 Street	Pompano Beach, FL 33064																																																												
				<input type="checkbox"/> Delete																																																											
				<input type="checkbox"/> Delete																																																											
				<input type="checkbox"/> Delete																																																											
				<input type="checkbox"/> Delete																																																											
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																											
				<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																											
				<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																											
				<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																											
				<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																											
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: <u><i>[Signature]</i></u>		Date <u>8/31/05</u> Daytime Phone # <u>954 357 4299</u>																																																													