


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 16, 2007 8:00 am
Secretary of State

07-16-2007 90040 020 ****50.00

DOCUMENT # L04000037191	
1. Entity Name EUROPEAN WELLCARE REALTY II, LLC	

Principal Place of Business 14 BELGRAVE GARDENS LONDON NW8 0RB ENGLAND, XX XX	Mailing Address 14 BELGRAVE GARDENS LONDON NW8 0RB ENGLAND, XX XX
--	--

60052581



2. Principal Place of Business - No P.O. Box # c/o Esquire Consolidated Ltd. Francis House, Sir William Place Suite, Apt. #, etc. St. Peter Port	3. Mailing Address c/o Ronald P. Glantz, P.A. Suite, Apt. #, etc. 7951 SW 6th Street, Ste. 100
--	---

06272007 Chg-LLC CR2E083 (12/06)

City & State Guernsey, Channel Island	City & State Plantation, FL 33324
Zip ENGLAND	Zip 33324
Country ENGLAND	Country USA

4. FEI Number APPLIED FOR	Applied For Not Applicable
------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent GLANTZ, RONALD P ESQ 7951 SW 6TH STREET STE. 100 PLANTATION, FL 33324		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by September 14, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO TREON, ANOUP 14 BELGRAVE GARDENS, LONDON N.W.8 ORB ENGLAND, XX <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO TREON, ANOUP 28 Welbeck Street LONDON W1G 8EW ENGLAND <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: RONALD P. GLANTZ 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
As Authorized Representative

7.3.07 954.424.6200
Date Daytime Phone #