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2008 LIMITED LIABILITY COMPANY		Apr 17, 2008 8:00 an
ANNUAL REPORT		Secretary of State
DOCUMENT # L04000045446		04-17-2008 90166 047 ***138.75

1. Entity Name JUPITER REALTY INVESTMENTS II, LLC 50004054 Principal Place of Business Mailing Address 114 INKBERRY DRIVE P.O. BOX 1358 JUPITER, FL 33458 JUPITER, FL 33468 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04132008 CR2E083 (12/06) Cha-LLC City & State City & State 4. FEI Number Applied For 20-2694192 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOSEPH E. BETTAG, P.A. Street Address (P.O. Box Number is Not Acceptable) 114 INKBERRY DRIVE JUPITER, FL 33458 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 NOWIII FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR . Delete TITLE Change ■ Addition TITLE JOSEPH E. BETTAG JOSEPH E. BETTAG, P.A. NAME NAME 114 INKBERRY DRIVE 114 INKBERRY DRIVE STREET ADDRESS STREET ADDRESS JUPITER, FL. 33459 CITY-ST-ZIP JUPITER, FL 33458 CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete DISE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete FITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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 filling 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. JUSEVA C. SIGNATURE: