


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90030 021 ****50.00

DOCUMENT # L04000049496
 1. Entity Name
 OFFICE VENTURES II, LLC



Principal Place of Business 15875 BRITTEN LANE WELLINGTON, FL 33414 US	Mailing Address 15875 BRITTEN LANE WELLINGTON, FL 33414 US
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DO NOT WRITE IN THIS SPACE



01192007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1319650	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
 JAFFE, DENNIS
 15875 BRITTEN LANE
 WELLINGTON, FL 33414

DO NOT WRITE IN THIS SPACE

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 _____

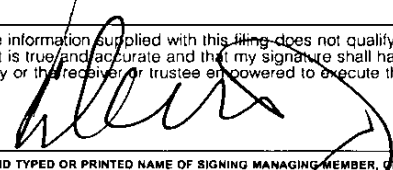

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JAFFE, DENNIS 15875 BRITTEN LANE WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCHMIDT, FREDERICK J 8233-18 GATOR LANE WEST PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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:   4/16/07
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #