


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90140 034 \*\*\*\*50.00

<b>DOCUMENT # L04000052205</b> 1. Entity Name <b>FREIRIA FAMILY-II, L.L.C.</b>			
Principal Place of Business <b>253 EAST 52ND STREET HIALEAH, FL 33013</b>		Mailing Address <b>253 EAST 52ND STREET HIALEAH, FL 33013</b>	
2. Principal Place of Business, No P.O. Box # <b>19000 MERION POINT Rd</b>		3. Mailing Address <b>6073 N.W. 167 St.</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. <b>SUIT C-19</b>	
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>	
Zip <b>33015</b>		Zip <b>33015</b>	
Country 		Country 	
4. FEI Number <b>NOT APPLICABLE</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>FREIRIA, JESUS 253 EAST 52ND STREET HIALEAH, FL 33013</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>19000 MERION POINT Rd.</b> City <b>MIAMI FL</b>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>	
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE <b>MGR</b>	NAME <b>FREIRIA, JESUS</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>253 WEST 52 ST</b>	CITY-ST-ZIP <b>HIALEAH, FL 33013</b>	<b>19000 MERION POINT Rd MIAMI FL 33015</b>	
TITLE 	NAME 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		
TITLE 	NAME 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		
TITLE 	NAME 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		
TITLE 	NAME 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		
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: <u>Jes</u>		Date: <u>2/5/07</u> 305-5121440	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Daytime Phone #</small>	