

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 09, 2007 8:00 am
Secretary of State

02-09-2007 90071 034 ****50.00

DOCUMENT # L04000055659 1. Entity Name CALLEJA FAMILY-II, L.L.C.			
Principal Place of Business 9977 N.W. 127TH TERRACE HIALEAH GARDENS, FL 33018		Mailing Address 9977 N.W. 127TH TERRACE HIALEAH GARDENS, FL 33018	
2. Principal Place of Business - No P.O. Box 13380 N.W. 104 AVE.		3. Mailing Address 6073 N.W. 167 ST	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. UNIT 219	
City & State HIALEAH GARDENS FL.		City & State MIAMI FL	
Zip 33018		Zip 33015	
Country		Country	
4. FEI Number 20-1422998		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 TERESA-CALLEJA, SERGIO 9977 N.W. 127TH TERRACE HIALEAH GARDENS, FL 33018		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 13380 N.W. 104 AVENUE City HIALEAH GARDENS FL Zip Code 33018	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TERESA-CALLEJA, SERGIO 9977 NW 127TH TERRACE HIALEAH GARDENS, FL 33018 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	13380 NW 104 AVE HIALEAH GARDENS, FL 33018 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 2/5/07 Daytime Phone #	