FILED May 23, 2005 8:00 am Secretary of State 04-29-2005 90034 035 ****55.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000065996 1. Entity Name BU MOTORS II, LLC						04-29-	2003 900	754 055	33.00
Principal Place of Business 300 ALMERIA AVENUE CORAL GABLES, FL 33134		Mailing Address 300 ALMERIA AVENUE CORAL GABLES, FL 33134		36997092 36997092					
2. Principal Place of Business		3. Maiting Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04192005	Chg-LLC	CR2EC	83 (10/03)	
City & State		City & State			1. FEI Number 2354171		Applied For Not Applicable		
Zip	Country	Ζip	Country			of Status Desired	×	\$5.00 Add Fee Required	
6. Name and Address of Current Registered Agent			Name		7. Name and	Address of New	Registered a	Agent	
LEWIS, HAROLD L ONE BISCAYNE TOV 2 SOUTH BISCAYNE			Street	Street Address (P.O. Box Number is Not Acceptable)					
MIAMI, FL 33131	. BLVD.		- City						
9. The shove remed policy	eutomite this statement for	the ourness of changing its	City	or register	and another be	oth in the State of F	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 of	r printed name of registered agent a	nd lize if applicable. (NOTE	: Registered Agent sign	labure reculred	when remetating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2005							ike check p da Departm		,
9.	MANAGING MEMBEI	RS/MANAGERS	10.			ADDITION	S/CHANGES		
STREET ADDRESS 300 ALME	ELL, C L JR. RIA AVENUE ABLES, FL 33134	☐ Dežete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
TITLE MAME STREET ADDRESS CATY-ST-DP		☐ Deleta	TITLE NAME STREET ADDRESS CITY-SI-ZIP					Change	Addition
TITLE MAME STHEET ADDRESS CITY-ST-ZIP	Delecte TI			5				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZP		☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition
NAME STREET ACCINESS CITY-ST-ZIP		☐ Debate	NAME STREET ADDRESS CITY-ST-ZIP	s				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	s				☐ Change	Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further cortify 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 early; 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: C. L. BLACKWELL JR. 4–20–05 (305) 445–8593 BIGNATURE AND TYPED OR PRINTED MANE OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daving Proces									