ANNUAL REPORT (AR)

DOCUMENT # L04000071136

1. Entity Name

ARPACILAR PROPERTIES II, L.L.C.

FILED Ma 3/13/05

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1st MOORE CR2E083 (10/04)

Principal Place of Business	Mailing Address
202 S.W. 2ND STREET SUITE A FT. LAUDERDALE FL 33301	P.O. BOX 667110 POMPANO BEACH FL 33066

2. Principal Place of Business		3. Mailing Address	
435 N Andrews Ave #402		435 N Andrews Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #402	
City & State: Ft Lauderdale, FL		City & State: Ft Lauderdale, FL	
Zip: 33301	Country: USA	Zip: 33301	Country: USA

4. FEI Number ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ARPACILAR, MAHMUT
202 S.W. 2ND STREET SUITE A
FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name: ARPACILAR MAHMUT

Street Address (P.O. Box Number is Not Acceptable): 435 N. ANDREWS AVENUE #402

City: FORT LAUDERDALE FL Zip Code: 33301

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 accep[t] the obligations of registered agent.

SIGNATURE [signature] MAHMUT ARPACILAR 2/8/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ARPACILAR, MAHMUT 425 N. ANDREWS AVE. #404 FT. LAUDERDALE FL 33301	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	02-15-2005 90049 617 50.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Arpacilar, Mahmut 435 N Andrews Ave #402 Ft Lauderdale, FL 33301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 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: [signature] MAHMUT ARPACILAR 2/8/05 (561) 843 1123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #