## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000071136

Entity Name: ARPACILAR PROPERTIES II, L.L.C.

FILED Mar 21, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

435 N. ANDREWS AVE #402 435 N. ANDREWS AVE

FT. LAUDERDALE, FL 33301 STE 2

FT. LAUDERDALE, FL 33301

Current Mailing Address: New Mailing Address:

435 N. ANDREWS AVE #402 435 N. ANDREWS AVE

FT. LAUDERDALE, FL 33301 STE 2

FT. LAUDERDALE, FL 33301

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ARPACILAR, MAHMUT
435 N. ANDREWS AVE #402
435 N. ANDREWS AVE

FT. LAUDERDALE, FL 33301 US STE 2 FT. LAUDERDALE, FL 33301 US

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.

SIGNATURE: MAHMUT ARPACILAR 03/21/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition

 Name:
 ARPACILAR, MAHMUT
 Name:
 ARPACILAR, MAHMUT

 Address:
 435 N. ANDREWS AVE. #402
 Address:
 435 N. ANDREWS AVE. STE 2

 City-St-Zip:
 FT. LAUDERDALE, FL 33301
 City-St-Zip:
 FT. LAUDERDALE, FL 33301

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MAHMUT ARPACILAR MGMR 03/21/2007