


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000081891

1. Entity Name
 KRESS SQUARE II, LLC



Principal Place of Business
 3155 NW 82ND AVENUE, SUITE 101
 MIAMI, FL 33122

Mailing Address
 3155 NW 82ND AVENUE, SUITE 101
 MIAMI, FL 33122

DO NOT WRITE IN THIS SPACE



03152006No Chg-LLC CRZE083 (11/05)

| | |
|---|--------------------------------|
| 4. FEI Number 20-2740865 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

LEWIS, HAROLD L
 ONE BISCAYNE TOWER, SUITE 2400
 2 SOUTH BISCAYNE BLVD.
 MIAMI, FL 33131

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

**Filing Fee is \$50.00
 Due by May 1, 2008**

000000475199
 04/05/06-80006-004 50.00

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR JASON, DORAN 3155 NW 82ND AVENUE, SUITE 101 MIAMI, FL 33122 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR JASON, JEANETTE 476 BOSPHOROUS AVENUE TAMPA, FL 33606 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HEWETT, DWIGHT 3155 NW 82ND AVENUE, SUITE 101 MIAMI, FL 33122 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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: Doran A. Jason 3/16/06 305 592 7606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #