

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90172 003 \*\*\*\*50.00

DOCUMENT # L05000009200



1. Entity Name  
 TAG 600 MANAGEMENT II, LLC

Principal Place of Business: 1200 BRICKELL AVNEUE STE. 1840 MIAMI, FL 33131  
 Mailing Address: 1200 BRICKELL AVNEUE STE. 1840 MIAMI, FL 33131

2. Principal Place of Business - No P.O. Box #  
 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01262007 Chg-LLC CR2E083 (12/06)

4. FEI Number **87-0781400** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

MARTIN, PEDRO A  
 1200 BRICKELL AVNEUE STE. 1840  
 MIAMI, FL 33131

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City 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.

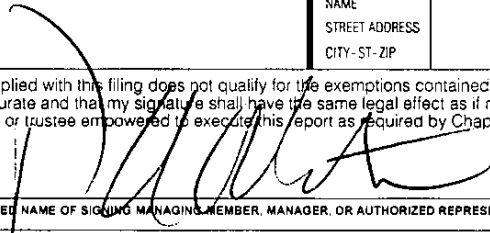
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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 MARTIN, PEDRO A 1200 BRICKELL AVNEUE STE. 1840 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:    
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date: 3-15-07

Daytime Phone #