

2007 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Apr 06, 2007 8:00 am
Secretary of State

03-14-2007 90211 019 ****50.00

DOCUMENT # L05000009904

1. Entity Name
C.P. REALTY II, LLC



Principal Place of Business
**3650 WEST COMMERCIAL BLVD
 FORT LAUDERDALE, FL 33309**

Mailing Address
**15060 S.W. 132 AVE.
 MIAMI, FL 33186**

2. Principal Place of Business - No P.O. Box #
SAME AS ABOVE

3. Mailing Address
SAME AS ABOVE

Suite, Apt. #, etc.
 City & State

Zip Country

03112007 Chg-LLC CR2E083 (12/06)

4. FEI Number
APPLIED FOR

Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent

**RAQUEL ROTHMAN, P.L.
 2500 E. HALLANDALE BEACH BLVD.
 797 F
 AVENTURA, FL 33009**

**15060 SW 132 AVE
 MIAMI, FL 33186**

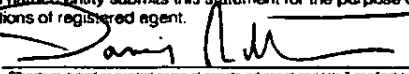
7. Name and Address of New Registered Agent

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 **3-13-07**

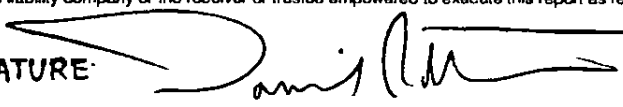
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ROTHMAN, JOSEPH		NAME		
STREET ADDRESS	15060 S.W. 132ND AVE.		STREET ADDRESS		
CITY- ST- ZIP	MIAMI, FL 33186		CITY- ST- ZIP		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ROTHMAN, DAVID		NAME		
STREET ADDRESS	24150 NE 38 AVE, #2006		STREET ADDRESS		
CITY- ST- ZIP	15060 SW 132 AVE AVENTURA, FL 33180 MIAMI, FL 33186		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		

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  **3-13-07**