2007 LIMITED LIABILITY CO. PA...
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	Mailing Address
3650 WEST COMMERCIAL BLVD FORT LAUDERDALE, FL 33309	15060 S.W. 132 AVE. MIAMI, FL 33186

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
SAME AS ABOVE	SAME AS ABOVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

03112007 Chg-LLC CR2E083 (12/06)

4. FEI Number ~~APPLIED FOR~~ ~~Applied For~~ [X] 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
RAQUEL ROTHMAN, P.L. ~~2500 E. HALLANDALE BEACH BLVD.~~ 15060 SW 132 AVE ~~707-F~~ ~~AVENTURA, FL 33009~~ MIAMI, FL 33186	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 [signature] 3-13-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	MGRM ROTHMAN, JOSEPH 15060 S.W. 132ND AVE. MIAMI, FL 33186	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROTHMAN, DAVID ~~21150 NE 38 AVE, #2606~~ 15060 SW 132 AVE ~~AVENTURA FL 33180~~ MIAMI, FL 33186	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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 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] 3-13-07