

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000016990

FILED
Jan 26, 2006
Secretary of State

Entity Name: MARGARITA INVESTMENTS II, L.L.C.

Current Principal Place of Business:

15751 SHERIDAN ST. #301
FT. LAUDERDALE, FL 333313486

New Principal Place of Business:

16467 SW 77TH ST
PEMBROKE PINES, FL 33331

Current Mailing Address:

15751 SHERIDAN ST. #301
FT. LAUDERDALE, FL 333313486

New Mailing Address:

16467 SW 77TH ST
PEMBROKE PINES, FL 33331

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

Name and Address of Current Registered Agent:

DE VARONA, SERGIO CPA
304 PALERMO AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HIDALGO, DELVIS M
Address: 15751 SHERIDAN ST. #301
City-St-Zip: FT. LAUDERDALE, FL 333313486

Title: MGRM () Delete
Name: DE ANTONI, MARIELA
Address: 15751 SHERIDAN ST. #301
City-St-Zip: FT. LAUDERDALE, FL 333313486

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MOURI, DELVIS
Address: 16467 SW 77TH ST
City-St-Zip: PEMBROKE PINES, FL 33331

Title: MGRM (X) Change () Addition
Name: HIDALGO, LIDIA
Address: 16467 SW 77TH ST
City-St-Zip: PEMBROKE PINES, FL 33331

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: DELVIS MOURI

MGRM

01/26/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date