

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000031768

Entity Name: NEW AZUCAR II LLC

FILED
Jan 23, 2006
Secretary of State

Current Principal Place of Business:

1 NORTH CLEMATIS STREET
SUITE 200
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

1 NORTH CLEMATIS STREET
SUITE 200
WEST PALM BEACH, FL 33401

New Mailing Address:

C/O STUART J. HAFT, ESQ
PO BOX 431
PALM BEACH, FL 33480

FEI Number: 11-3746585

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE & COMPANY, P.A.
355 ALHAMBRA CIRCLE
SUITE 1100
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

HAFT, STUART J ESQ
340 ROYAL POINCIANA WAY
SUITE 321
PALM BEACH, FL 33480 US

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: STUART J HAFT ESQ

01/23/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CARSON, DONALD W
Address: 1 NORTH CLEMATIS STREET, SUITE 200
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGR () Delete
Name: FANJUL, JOSE P
Address: 1 NORTH CLEMATIS STREET, SUITE 200
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DONALD W CARSON

MGR

01/23/2006

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