

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000034602

FILED
Apr 15, 2009
Secretary of State

Entity Name: L.U.K.S. II ENTERPRISES, LLC

Current Principal Place of Business:

501 CONTINENTAL PLAZA
3250 MARY STREET
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

PO BOX 813968
HOLLYWOOD, FL 330813968 US

New Mailing Address:

FEI Number: 20-2651295

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRONIG, STEVEN C
307 CONTINENTAL PLAZA
3250 MARY STREET
COCONUT GROVE, FL 33133 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: SCHWARTZ, DAREN
Address: 501 CONTINENTAL PLAZA, 3250 MARY STREET
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGRM () Delete
Name: KINGSLEY, JONATHAN
Address: 19404 PRESIDENTIAL WAY
City-St-Zip: NORTH MIAMI BEACH, FL 33173

Title: MGRM () Delete
Name: LINK, ANDRES
Address: 13240 CORONADO LANE
City-St-Zip: NORTH MIAMI, FL 33181

ADDITIONS/CHANGES:

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

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 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: ANDRES LINK

MGRM

04/15/2009

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