

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000039144

FILED
Mar 13, 2007
Secretary of State

Entity Name: LA TERRAZA CONDOMINIUM II, LLC

Current Principal Place of Business:

10300 SUNSET DRIVE, STE. 140
MIAMI, FL 33173

New Principal Place of Business:

10300 SUNSET DRIVE, STE 140
MIAMI, FL 33173

Current Mailing Address:

10300 SUNSET DRIVE, STE. 140
MIAMI, FL 33173

New Mailing Address:

10300 SUNSET DRIVE, STE 140
MIAMI, FL 33173

FEI Number: 87-0755561

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROAD & CASSEL ATTORNEYS AT LAW
ONE BISCAYNE TOWER 21ST FLOOR 2 SOUTH
BISCAYNE
MIAMI, FL 33131 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: DE LAS CUEVAS, MARIO
Address: 10300 SUNSET DRIVE, STE. 140
City-St-Zip: MIAMI, FL 33173

Title: MGRM () Delete
Name: BERNAL, TOMAS
Address: 10300 SUNSET DRIVE, STE. 140
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DE LAS CUEVAS, MARIO
Address: 10300 SUNSET DRIVE, STE 140
City-St-Zip: MIAMI, FL 33173

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: DE LAS CUEVAS MARIO

MGRM

03/13/2007

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