2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## FILED Jun 21, 2006 8:00 am Secretary of State

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DOCUI	CUMENT # L05000060213				Secretary of State 04-28-2006 90015 005 ****50.00				
GUAMA II, LLC					31.23.2553.50013.003				
Principal Place of Business Mailing Address					Ţ				
	VIEW DRIVE VILLAGE FL 33141	7620 MIAMI VIEW DRIVE NORTH BAY VILLAGE FL 33141			-	IN 88111 PRII BIII			
Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1	st MOORE	CR2E083	(10/05)		
City & State		City & State		4. FEI Num 20-4	ber 1972373			oplied For ot Applicable	
Zip	Country	Zip	Count	ry	5. Certificat	e of Status Desired		\$5.00 Ad Fee Require	
6. Name and Address of Ourrent Registered Agent			$\neg \exists$	Nama	7. Name an	d Address of New	Registered A	Agent	
M & W AGENTS, INC.				Namo					
210	1 CORPORATE BLVD STE 1 CA RATON FL 33431	<b>)</b> 7		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 Sprakure, hybrid or printed name or reposterior against and state of assignature. (NOTE Required Agent signature required when remarks)  CATE									
Signalure, typed or prised name or replacerer agent and life if applicable. (NOTE Regulated Agent agricular required when reincratary) DATE  FILE NOW!!! FEE'IS \$50.00								<del></del>	
Make Check Payable to Florida Department of State									
						1			
			10.			ADDITIONS	CHANGES		
TITLE NAME	PRESIDENT GUALBERTO NAVARRO	RESIDENT Delete Into			☐ Change ☐ Addition				
STREET ADDRESS	7620 MIAMI VIEW DR		STREE	T ADDRESS					
CITY-ST-ZIP	No. BAY VILLAGE, F	L 33141	CITY-	ST-ZIP					
TITLE NAME		☐ Oetete	INITE					Change	Addition
STREET ADDRESS			NAME STREE	TADORESS					İ
CITY-S1-ZIP		_		ST-ZIP					-
mre	SECRETARY	☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS	MARIA M. NAVARRO 7620 MIAMI VIEW DR		NAME	T ADDRESS					}
-CITY-SI-ZIP -	N. VILLAGE, FL 331	41 .		S1-2P					ļ
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition
NAME Street address			NAME	ı					
CITY-ST-ZIP				T ADDRESS ST-ZIP					
nne		Delete	TITLE	1			···.	☐ Change	Addition
NAME Street adoress			NAME	T ADORESS					į
CITY-S1-7IP			•	T ADDRESS ST- ZIP		· · · · · · · · · · · · · · · · · · ·			
TITLE		October	DIFE					Change	☐ Addition
NAME Street address			NAME STREE	T ADDRESS					
CITY-ST-ZIP			CITY-	ı					}
11. I hereby o	certify that the information supplied with	this filing does not qualify for	or the exe	emptions containe	d in Section 11	9, Florida Statutes.	I further certi	ly that the is	ntormation

11. I nereby certify first the information supplied with this fitting does not quality for the exemptions contained in Section 119, Florida Statutes. I flurther 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: 4/3/66 (Cucloy)

BIGHATURE AND TYPE DOR PRINTED NAME OF SIGNING MANAGING NEWSER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Departe Prices

Departe Pri