

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90061 033 ***138.75

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01302008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000087769 1. Entity Name 32531 REALTY PARTNERS II LLC					
Principal Place of Business 1395 BRICKELL AVENUE 817 MIAMI, FL 33131 US			Mailing Address 1395 BRICKELL AVENUE 817 MIAMI, FL 33131 US		
2. Principal Place of Business - No P.O. Box # 1831 SW 7th Avenue Suite, Apt. #, etc.		3. Mailing Address 1831 SW 7th Avenue Suite, Apt. #, etc.			
City & State Pompano Beach, FL		City & State Pompano Beach, FL		4. FEI Number 20-3793423	
Zip 33060	Country US	Zip 33060	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PADILLA, JOSE 1395 BRICKELL AVENUE 817 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Karl Davis Street Address (P.O. Box Number is Not Acceptable) 1831 SW 7th Avenue City Pompano Beach FL Zip Code 33060	
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		Karl Davis		2/8/08 <small>DATE</small>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR K&J CRESTVIEW 2, LLC 1831 SW 7TH AVENUE POMPAÑO BEACH, FL 33060	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARP 1, LLC 1395 BRICKELL AVENUE, 8TH FLOOR MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further 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:		KARL DAVIS		2/8/08 <small>Date</small>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE		Daytime Phone # 954-344-4515	