

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90325 008 \*\*\*138.75

<b>DOCUMENT # L05000117220</b>					
<b>1. Entity Name</b> GPR II, LLC					
<b>Principal Place of Business</b> 550 BILTMORE WAY SUITE 700 CORAL GABLES, FL 33134			<b>Mailing Address</b> 21601 SW 154 AVE MIAMI, FL 33170		
<b>2. Principal Place of Business - No P.O. Box #</b> 13221 SW 216 Terr		<b>3. Mailing Address</b> 13221 SW 216 Terr			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> MIAMI, FL		<b>City &amp; State</b> MIAMI, FL		<b>4. FEI Number</b> 20-4176440	
<b>Zip</b> 33170		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  POLLER, NEALE J 550 BILTMORE WAY SUITE 700 CORAL GABLES, FL 33134			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM HUBLEY, GROVER 21601 SW 154 AVE. MIAMI, FL 33170	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM GROVER HUBLEY 13221 SW 216 Terr Miami, FL 33170	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM DUARTE, PETER 21601 SW 154 AVE. MIAMI, FL 33170	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM PETER DUARTE 13221 SW 216 Terr Miami, FL 33170	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM VINA, ROBERTO 21601 SW 154 AVE. MIAMI, FL 33170	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM ROBERTO VINAS 13221 SW 216 Terr Miami, FL 33170	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>					
<b>SIGNATURE:</b> _____			4/18/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					