## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Feb 28, 2007 8:00 am Secretary of State **DOCUMENT # L05000119754** 02-28-2007 90148 034 \*\*\*\*50.00 1. Entity Name GRABEL II, LLC Principal Place of Business Mailing Address UUULUIVI C/O 7000 W. PALMETTO PARK ROAD C/O 7000 W. PALMETTO PARK ROAD SUITE 310 SUITE 310 BOCA RATON, FL 33433 US BOCA RATON, FL 33433 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02252007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For APPLIED FOR 20-5174631 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MORRIS, STUART R ESQ. 7000 W. PALMETTO PARK ROAD Street Address (P.O. Box Number is Not Acceptable) **SUITE 310** BOCA RATON, FL 33433 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. **MGRM** TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME GRABELSKY, STEPHEN A NAME STREET ADDRESS STREET ADDRESS 4448 WOODFIELD BLVD BOCA RATON, FL 33434 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-73P CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME 3 1 1 1 1 1 3 1 4 5 1 1 A was a second point

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.

STREET ADDRESS CITY-SE-7IP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MYMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS

FILED