2008 LIMITED LIABILITY COMPANY

FILED Jan 31, 2008 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # L06000008539 1. Entity Name ALLAPATTA II LLC Principal Place of Business Mailing Address 701 BRICKELL AVE, SUITE 1460 701 BRICKELL AVE, SUITE 1460 MIAMI, FL 33131 MIAMI, FL 33131 01162008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1538315 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BAR INVESTMENT MANAGEMENT SERVICES, LLC DO NOT WRITE 701 BRICKELL AVE, SUITE 1460 MIAMI, FL 33131 IN THIS SPACE 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. 1 am familiar with, and accept the obligations of registered agent, SIGNATURE_ Signature, typed or printed name of registered agent and little if applicable. (NOTE, Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS MGR TITLE NAME BAR INVEST FLORIDA, INC. STREET ADDRESS 520 BRICKELL KEY DRIVE, SUITE O-305 CITY-ST-ZIP MIAMI, FL 33131 TITLE NAME U00000808331 02/07/08-80041-020 138.75 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

11. I hereby certify that the information supplied with this filling 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 at powered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #