
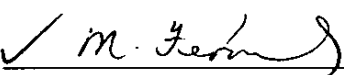


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90252 001 \*\*\*100.00

<b>DOCUMENT # L06000020437</b>					
<b>1. Entity Name</b> PAH-II, LLC					
<b>Principal Place of Business</b> 7330 W. 20TH AVENUE MIAMI LAKES, FL 33016			<b>Mailing Address</b> 7330 W. 20TH AVENUE MIAMI LAKES, FL 33016		
<b>2. Principal Place of Business - No P.O. Box #</b> 435 GALLEUDA AVE		<b>3. Mailing Address</b> 435 GALLEUDA AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> CORAL GABLES FL		<b>City &amp; State</b> CORAL GABLES FL		<b>4. FEI Number</b>	
<b>Zip</b> 33146		<b>Country</b> USA		03122007    Chg-LLC    CR2E083 (12/06)	
<b>6. Name and Address of Current Registered Agent</b> COSTA, HELEN C ESQ. 7330 WEST 20TH AVENUE MIAMI LAKES, FL 33016		<b>7. Name and Address of New Registered Agent</b>			
		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		City			
		FL		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>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> MGRM	<b>NAME</b> FERNANDEZ, MANUEL		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 7330 W. 20TH AVENUE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>CITY - ST - ZIP</b> MIAMI LAKES, FL 33016					
<b>TITLE</b> NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b> CITY - ST - ZIP					
<b>TITLE</b> NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b> CITY - ST - ZIP					
<b>TITLE</b> NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b> CITY - ST - ZIP					
<b>TITLE</b> NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b> CITY - ST - ZIP					
<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> 			Date: 3/13/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		