

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90251 010 ****50.00

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01272007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000026736			
1. Entity Name ELBAZ INVESTMENT II LLC			
Principal Place of Business 1853 WEST AVENUE MIAMI BEACH, FL 33139		Mailing Address 1853 WEST AVENUE MIAMI BEACH, FL 33139	
2. Principal Place of Business - No P.O. Box # <i>1754 BAY ROAD</i>		3. Mailing Address <i>1754 BAY ROAD</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>MIAMI BEACH, FL</i>		City & State <i>MIAMI BEACH, FL</i>	
4. FEI Number <i>06-1702333</i>		Applied For Not Applicable	
Zip <i>33139</i>		Country	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVID HOWARD GOLDBERG, ESQ. 900 S.W. 2ND AVE MIAMI, FL 33130		7. Name and Address of New Registered Agent Name <i>JOSEPH ELBAZ</i> Street Address (P.O. Box Number is Not Acceptable) <i>1754 BAY ROAD</i> City <i>MIAMI BEACH</i> FL Zip Code <i>33139</i>	
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 <i>Joseph Elbaz</i> JOSEPH ELBAZ DATE <i>1/27/07</i> <small>Signature, typed or printed name of registered agent (and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELBAZ, ALBERT <input type="checkbox"/> Delete 1853 WEST AVENUE MIAMI BEACH, FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1754 BAY ROAD</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Albert Elbaz</i> ALBERT ELBAZ		DATE: <i>1/27/07</i> 305-531-7017	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	