2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000026736

1. Entity Name
ELBAZ INVESTMENT II LLC

Principal Place of Business	Mailing Address
1853 WEST AVENUE MIAMI BEACH, FL 33139	1853 WEST AVENUE MIAMI BEACH, FL 33139

2. Principal Place of Business - No P.O. Box #
1754 Bay Road
Suite, Apt. #, etc.

3. Mailing Address
1754 Bay Road
Suite, Apt. #, etc.

City & State *Miami Beach, FL*
Zip *33139* Country

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01272007   Chg-LLC   CR2E083 (12/06)

4. FEI Number *06-1702333*
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐   **$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 *Joseph Elbaz*
Street Address (P.O. Box Number is Not Acceptable)
1754 Bay Road
City *Miami Beach*   FL   Zip Code *33139*

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 _____
Signature, typed or printed name of registered agent and title if applicable.   *Joseph Elbaz* (NOTE: Registered Agent signature required when reinstating)   *1/27/07* DATE

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	MGRM	☐ Delete	TITLE	☒ Change	☐ Addition
NAME	ELBAZ, ALBERT		NAME	*1754 Bay Road*	
STREET ADDRESS	1853 WEST AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP		
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-ZIP		
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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-ZIP		

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: _____ *ALBERT ELBAZ*   *1/27/07* *305-531-7017*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #