


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2007 8:00 am
Secretary of State

02-09-2007 90070 038 ****50.00

DOCUMENT # L06000029019	
1. Entity Name CARTAYA COMMERCIAL COMPANY II, LLC	

Principal Place of Business 418 TAMARIND DRIVE HALLANDALE BEACH, FL 33009-654 US	Mailing Address 418 TAMARIND DRIVE HALLANDALE BEACH, FL 33009-654 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01042007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4119961	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CARTAYA, E B 418 TAMARIND DRIVE HALLANDALE BEACH, FL 33009	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 418 TAMARIND DRIVE City HALLANDALE BEACH FL Zip Code 33009
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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.

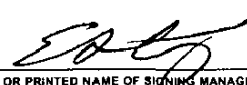
SIGNATURE 	DATE 1/7/07
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**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARTAYA, E B 418 TAMARIND DRIVE HALLANDALE BEACH, FL 33009 <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
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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: 	DATE 1/7/07
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #