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

DOCUMENT # L06000029019 1. Entity Name CARTAYA COMMERCIAL COMPANY II, LLC							02-09-2007 90	_	
Principal Place of Business 418 TAMARIND DRIVE HALLANDALE BEACH, FL 33009654 US Mailing Address 418 TAMARIND DRIVE HALLANDALE BEACH, FL 33009654 US							.	II BBIIB IITIB IRIII BBIBI K	818 (8488))((1884
2. Principal Place of Business - No P.O. Box # 3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.		01042007	Chg-LLC	CR2E083 (12	06)	
City & State			City & State		4. FEI Numbe	- 411996	5/	Applied For Not Applicable	
Zip in		Country	Zìp	Country	,		of Status Desired	Fee Re	Additional quired
	6. Name	and Address of Current	t Registered Agent			7. Name and	Address of New R	egistered Agent	
CADTAVA	- D				Name				
TO OUNTAINED BRIVE					Street Address ((P.O. Box Number is Not Acceptable)			
HALLANDALE BEACH, FL 33009						104001	.a Day	ÙÆ	
City Hallman						TAMARIA	BEACH	FL 强	Cod) 0 9
	named entit		or the purpose of changing its	s registered	office or register			orida. I am familiar	with, and accept
SIGNATURE .	Signahua basad	or printed name of registered agent	t and little of ampliants la	C. Danistavad Ac	gent signature required	. La siastatian		17/07	
	Signature, typeo	i or huured uame or tederiesed adeu			geni signature required				
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9.	iling Fee ue by Ma	is \$50.00 y 1, 2007 MANAGING MEMB		10.				Department of	
Di	MGR	MANAGING MEMB					Florida	Department of	State
9. TITLE NAME	MGR CARTAYA	MANAGING MEMB	ERS/MANAGERS	10. TITLE NAME			Florida	CHANGES	State
9. TITLE NAME STREET ADDRESS	MGR CARTAY/	MANAGING MEMB A, E B ARIND DRIVE	ERS/MANAGERS	10. TITLE NAME STREET A	ADDRESS		Florida	CHANGES	State
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARTAY/	MANAGING MEMB	ERS/MANAGERS Delete	10. TITLE NAME STREET A CITY-ST	ţ		Florida	CHANGES	State nge
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Fiorida 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.

NAME

STREET ADDRESS

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

NAME

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #