


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 09, 2008 8:00 am
Secretary of State

05-13-2008 90067 039 ***138.75

DOCUMENT # L06000029867
 1. Entity Name
RENTECH II L.L.C.



Principal Place of Business
 6650 N.W. 37TH AVENUE
 MIAMI, FL 33147

Mailing Address
 6650 N.W. 37TH AVENUE
 MIAMI, FL 33147

3000J034



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02052008 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-4539148** Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
GONZALEZ, ISIDRO J
8005 N.W. 162ND STREET
MIAMI, FL 33016

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGR	THE ISIDRO J. GONZALEZ LIMITED PARTNERSHIP	6650 N.W. 37TH AVENUE	HIALEAH, FL 33147	<input type="checkbox"/>
MGR	GONZALEZ-HERRERA, MARIA	17831 N.W. 81ST AVENUE	HIALEAH, FL 33015	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this report 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: Isidro J. Gonzalez Date: 4-22-08 Daytime Phone #: 305-693-7054

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