


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 22, 2008 8:00 am
Secretary of State

08-22-2008 90011 021 ***138.75

DOCUMENT # L06000046243	
1. Entity Name HYPOLUXO PLAZA II, LLC	

Principal Place of Business 411 NORTH NEW RIVER DRIVE EAST SUITE 403 FORT LAUDERDALE, FL 33301	Mailing Address 411 NORTH NEW RIVER DRIVE EAST SUITE 403 FORT LAUDERDALE, FL 33301
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2. Principal Place of Business - No P.O. Box # <i>411 N. NEW RIVER DR E</i>	3. Mailing Address <i>411 N. NEW RIVER DR E</i>
Suite, Apt. #, etc. <i>402</i>	Suite, Apt. #, etc. <i>402</i>
City & State <i>FT LAUDERDALE FL</i>	City & State <i>FT LAUDERDALE FL</i>
Zip <i>33301</i>	Zip <i>33301</i>
Country	Country



08202008 Chg-LLC CR2E083 (12/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent FALIN, JAMES R 411 NORTH NEW RIVER DR. EAST SUITE 403 FORT LAUDERDALE, FL 33301 <i>suite 402</i>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR FALIN, JAMES R 411 NORTH NEW RIVER DR. EAST, 403 FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR FALIN, JAMES R 411 N NEW RIVER DR E # 402 FT LAUDERDALE FL 33301 <input checked="" 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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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: *Falin* **8/20/08** **954 678 1795**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #