2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

09 JUN 30 AM 10: 22

DOCUMENT # L08000052246

1. Entity Name
CHETPRA PROPERTIES #2, LLC

Principal Place of Business
5101 BISCAYNE BLVD
MIAMI, FL 33137

Mailing Address
5831 NE 8TH COURT
MIAMI, FL 33137

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

01232007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4932258 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent
WILLIAM R. BLACK & ASSOCIATES, P.A.
2691 E. OAKLAND PARK BLVD
SUITE 402
FT. LAUDERDALE, FL 33306

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 ______

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	MGRM CHETPRA LIMITED PARTNERSHIP 5831 NE 8TH COURT MIAMI, FL 33137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] 7/30/09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

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4/17/09 01004 032
$138.75