


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 07, 2008 8:00 am**  
**Secretary of State**

01-07-2008 90046 030 \*\*\*138.75

**DOCUMENT # L06000056634**

1. Entity Name  
**INIR INVESTMENTS II LLC**



Principal Place of Business  
**6310 PENT PLACE  
 MIAMI LAKES, FL 33014**

Mailing Address  
**6310 PENT PLACE  
 MIAMI LAKES, FL 33014**

2. Principal Place of Business - No P.O. Box #  
**3099 W 4 AVE**

3. Mailing Address  
**3099 W 4 AVE.**

Suite, Apt. #, etc.


City & State  
**HIALEAH FL**

City & State  
**HIALEAH FL**

Zip  
**33012**

Country  
**USA**

00000145



01042008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**20-4988648**

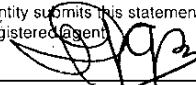
Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**GONZALEZ, INDALECIO  
 6310 PENT PLACE  
 MIAMI LAKES, FL 33014**

7. Name and Address of New Registered Agent  
 Name **GONZALEZ INDALECIO**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3099 W 4 AVE**  
 City **HIALEAH FL** Zip Code **33012**

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  **INDALECIO GONZALEZ** DATE **1-4-08**

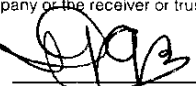
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONZALEZ, INDALECIO 6310 PENT PLACE MIAMI LAKES, FL 33014 <input type="checkbox"/> Delete	TITLE MGRM NAME STREET ADDRESS CITY-ST-ZIP	GONZALEZ INDALECIO 3099 W 4 AVE HIALEAH, FL 33012 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONZALEZ, IRMA 6310 PENT PLACE MIAMI LAKES, FL 33014 <input type="checkbox"/> Delete	TITLE MGRM NAME STREET ADDRESS CITY-ST-ZIP	GONZALEZ INDALECIO 3099 W 4 AVE HIALEAH, FL 33012 <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
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:  **INDALECIO GONZALEZ** DATE **1-4-08** Daytime Phone # **305-838-8489**

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