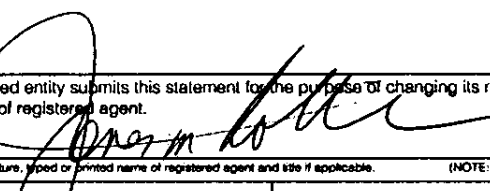
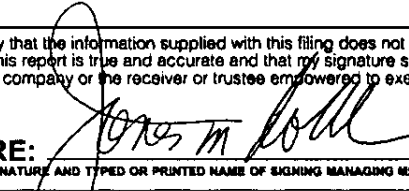


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90058 041 ***138.75

DOCUMENT # L06000059637 1. Entity Name JJ PROPERTIES II, LLC					
Principal Place of Business 555 SW 12 AVE. POMPAÑO BEACH, FL 33069			Mailing Address P.O. BOX 668035 POMPAÑO BEACH, FL 33066		
2. Principal Place of Business - No P.O. Box # 2024 NE 161 ST		3. Mailing Address Suite, Apt. #, etc.			
City & State N. MIAMI BEACH		City & State			
Zip 33762		Country MIAMI DADE		Zip	
4. FEI Number 42-1709516		Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				02242008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent GOLDMAN, BRUCE J ESQ. 2655 LE JEUNE RD., STE. 816 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name JAMES ROBBINS Street Address (P.O. Box Number is Not Acceptable) 2024 NE 161 ST City N. MIAMI BCH FL Zip Code 33762		
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  MEMBER DATE 4-9-08 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	MGR ROBBINS, JAMES M PO BOX 668035 POMPAÑO BEACH, FL 33066		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GERALD, DAGEN PO BOX 668035 POMPAÑO BEACH, FL 33066		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: 			JAMES M ROBBINS 4-9-08 1845		