## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Secretary of State **DOCUMENT # L07000046403** 03-06-2008 90249 050 \*\*\*138.75 1. Entity Name VGA REALTY II LLC Principal Place of Business Mailing Address 60012982 3870 N.E. 168TH STREET 3870 N.E. 168TH STREET NORTH MIAMI BEACH, FL 33160 NORTH MIAMI BEACH, FL 33160 2. Principal Place of Business - No P.O. Box # 3. Mailing Address **61 PRIVATE ROAD** 61 PRIVATE ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. 02052008 CR2E083 (12/06) Chg-LLC 4. FEI Number Applied For City & State City & State MILL NECK NEW YORK NEW YORK MILL NECK. 760253426 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired 11765 USA USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DAVID GOLDSTEIN JOSEPH, JERRY 100 GOLDENVELES DRIVE, SUITE 1204 HALLANDAYE, FL 33309 7650 COURTNEY CAMPBELL CSWY. St. 920 Zip Code 33407 8. The above named entity submits this stated the obligations of registered agent. ent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept an d SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGR TITLE ☐ Delete TITLE Change ☐ Addition BABAIAN, VAHIK NAME NAME STREET ADDRESS STREET ADDRESS **61 PRIVATE ROAD** CITY-ST-ZIP MILL NECK, NY 11765 CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete THUE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP plied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information of ate any that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the or trustyle empowered to execute this report as required by Chapter 608, Florida Statutes. 11. Thereby certify that the information indicated on this report is limited liability company

RINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Mar 06, 2008 8:00 am

Daytime Phone #

Date