

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 14, 2004 8:00 am
Secretary of State

07-14-2004 90103 001 ***100.00

DOCUMENT # M00000002449

1. Entity Name
J.L.S., GP II LLC



Principal Place of Business
400 ARTHUR GODFREY RD.
SUITE 200
MIAMI BEACH, FL 33140

Mailing Address
400 ARTHUR GODFREY RD.
SUITE 200
MIAMI BEACH, FL 33140

34009247



DO NOT WRITE IN THIS SPACE

07072004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-1057042

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE D
NAME SHEPPARD, ERIC D
STREET ADDRESS 400 ARTHUR GODFREY ROAD #506 200
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE D
NAME WOLMAN, PHILIP
STREET ADDRESS 400 ARTHUR GODFREY ROAD #506 200
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7/09/04 3056733700