


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 18, 2005 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| DOCUMENT # M04000000205<br>1. Entity Name<br>SOUTH BEACH HEIGHTS II, LLC |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br>2930 BISCAYNE BLVD.<br>MIAMI, FL 33137 | Mailing Address<br>2930 BISCAYNE BLVD.<br>MIAMI, FL 33137 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



01072005No Chg-LLC CR2E083 (10/03)

|  |                                |
|--|--------------------------------|
| 4. FEI Number<br>20-0572137  | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
526 EAST PARK AVENUE  
TALLAHASSEE, FL 32301

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

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MTRM<br>SBH HOLDINGS II, LLC<br>2930 BISCAYNE BLVD.<br>MIAMI, FL 33137 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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03/18/05-80062-002 50.00

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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:** Miguel Gutierrez Miguel Gutierrez Vice President 1/31/05 305.364.5700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #