


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M99000001585</b> 1. Entity Name ALL THREE II, L.L.C.	
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Principal Place of Business 141 NORTHWEST 20TH STREET, SUITE G-122 BOCA RATON, FL 33431	Mailing Address 141 NORTHWEST 20TH STREET, SUITE G-122 BOCA RATON, FL 33431
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05132004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0953388	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  MARGOLIS, DAVID 141 N.W. 20TH STREET, SUITE G122 BOCA RATON, FL 33431
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**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**

U000000161019  
05/20/04-80002-007 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALL THREE, LTD. 141 NORTHWEST 20TH STREET, SUITE G-122 BOCA RATON, FL 33431
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**DO NOT WRITE  
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 #

*David Margolis* 5/17/04 5613383426