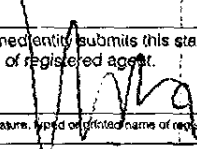


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT.**

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000062769		
1. Entity Name GRATIGNY MANAGERS II, INC.		
Principal Place of Business 14445 N.E. 20TH LANE NORTH MIAMI, FL 33181-1446	Mailing Address 14445 N.E. 20TH LANE NORTH MIAMI, FL 33181-1446	
DO NOT WRITE IN THIS SPACE		
4. FEI Number 65-0941008		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVE., STE. 125 CORAL GABLES, FL 33146		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  (NOTE: Registered Agent signature required when re-registering) DATE 1/26/06		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		1100000400953 02/02/06-80024-016 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PASD NUNEZ, MIKE 14445 N.E. 20TH LANE NORTH MIAMI, FL 331811446	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD LEIBOWITZ, MARVIN 14445 N.E. 20TH LANE NORTH MIAMI, FL 331811446	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEIBOWITZ, LAWRENCE 14445 N.E. 20TH LANE NORTH MIAMI, FL 331811446	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 1/26/06 Daytime Phone #