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	Mailing Address
14445 N.E. 20TH LANE NORTH MIAMI, FL 33181-1446	14445 N.E. 20TH LANE NORTH MIAMI, FL 33181-1446

DO NOT WRITE IN THIS SPACE

01122006 No Chg-P CR2E034 (11/05)

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

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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 _____ 1/26/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

000004000953
02/02/06-80024-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	PASD
NAME	NUNEZ, MIKE
STREET ADDRESS	14445 N.E. 20TH LANE
CITY-ST-ZIP	NORTH MIAMI, FL 331811446
TITLE	VSTD
NAME	LEIBOWITZ, MARVIN
STREET ADDRESS	14445 N.E. 20TH LANE
CITY-ST-ZIP	NORTH MIAMI, FL 331811446
TITLE	D
NAME	LEIBOWITZ, LAWRENCE
STREET ADDRESS	14445 N.E. 20TH LANE
CITY-ST-ZIP	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	

DO NOT WRITE IN THIS SPACE

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: _____ 1/26/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #