


'2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # F93000005705	
1. Entity Name ASSOCIATED HOUSING DEVELOPMENT CORP. II	

Principal Place of Business 17383 SUNSET BLVD STE A-450 PACIFIC PALISADES CA 90272-515	Mailing Address 17383 SUNSET BLVD STE A-450 PACIFIC PALISADES CA 90272-515
--	--



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE	CR2E034 (10/07)
4. FEI Number 51-0351873	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent B&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 NORTH ORANGE AVENUE, SUITE 1100 ORLANDO FL 32801	
--	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing: \$5.00 May Be Added to Fees Trust Fund Contribution: <input type="checkbox"/>
---	---

10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	WOJCIECHOWSKI, MICHAEL
STREET ADDRESS	327 SWARTHMORE AVE
CITY-ST-ZIP	PACIFIC PALISADES CA
TITLE	<input type="checkbox"/> Delete
NAME	MCENULTY, FRANK E
STREET ADDRESS	17383 SUNSET BLVD, SUITE A-230
CITY-ST-ZIP	PACIFIC PALISADES CA 38
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U000000866907
STREET ADDRESS	04/08/08-80049-001 150.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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: <i>Frank McEnulty</i>	FRANK MCENULTY	2/18/08	310-230-2300
----------------------------------	-----------------------	----------------	---------------------