


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000002399	
1. Entity Name MINK ASSOCIATES II, LLC	

Principal Place of Business 84 SOUTH MAIN STREET FAIRPORT, NY 14450	Mailing Address 84 SOUTH MAIN STREET FAIRPORT, NY 14450
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01032007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 16-1582223	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**JONATHAN JAMES DAMONTE, CHARTERED
12110 SEMINOLE BLVD.
LARGO, FL 33778**

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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 _____
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 May 1, 2007**

U000000597874
01/24/07-80053-015 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSS, GERALD D 84 SOUTH MAIN STREET FAIRPORT, NY 14450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MINK, ARLENE H 8875 COSTA VERDE BLVD # 801 SAN DIEGO, CA 92122
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11. 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 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:  **Gerald Ross** 1/17/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #