

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000027862

**FILED**  
**Feb 08, 2006**  
**Secretary of State**

**Entity Name:** ALLIED MORTGAGE INVESTMENT FUND II, L.L.C.

**Current Principal Place of Business:**

4651 SHERIDAN STREET  
SUITE 270  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

13680 NW 5 STREET  
220  
SUNRISE, FL 33325

**Current Mailing Address:**

4651 SHERIDAN STREET  
SUITE 270  
HOLLYWOOD, FL 33021

**New Mailing Address:**

13680 NW 5 STREET  
220  
SUNRISE, FL 33325

**FEI Number:** 01-0793411

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KOSS, JEREMY A ESQ.  
4651 SHERIDAN STREET  
SUITE 100  
HOLLYWOOD, FL 33021 US

**Name and Address of New Registered Agent:**

KOSS, JEREMY A ESQ.  
13680 NW 5 STREET  
220  
SUNRISE, FL 33325 US

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.

SIGNATURE: JEREMY KOSS

02/08/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ALLIED MORTGAGE INVE, STMENT FUND 20 0 2-1,LLC  
Address: 4651 SHERIDAN STREET, SUITE 270  
City-St-Zip: HOLLYWOOD, FL 33021

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALLIED MORTGAGE INVESTMENT FUND 2002-1,LLC

MGR

02/08/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date