

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000028967**

1. Entity Name  
**A & K ASSOCIATES II, LLC**



Principal Place of Business  
**1515 SOUTH FEDERAL HIGHWAY  
SUITE 300  
BOCA RATON, FL 33432**

Mailing Address  
**1515 SOUTH FEDERAL HIGHWAY  
SUITE 300  
BOCA RATON, FL 33432**



04042005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**61-1454942**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**JEFFREY A. DEUTCH, P.A.  
7777 GLADES RD, STE 300  
BOCA RATON, FL 33434**

**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

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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
ALTMAN, JOEL L  
1515 SOUTH FEDERAL HIGHWAY, #300  
BOCA RATON, FL 33432**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
KESSLER, DAVID J  
855 SOUTH FEDERAL HIGHWAY, #E113  
BOCA RATON, FL 33432**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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CITY - ST - ZIP

U00000332038  
04/26/05-80043-006 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** **Joel L. Altman, Mgr.**

**4/4/05**

**561-997-8661**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #