


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000028967 1. Entity Name A & K ASSOCIATES II, LLC	
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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
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04042006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 61-1454942	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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 _____ (NOTE: Registered Agent signature required when refiled) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2006**

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
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05/06/06-80013-024 50.00

**DO NOT WRITE
IN THIS SPACE**

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 60B, Florida Statutes.

SIGNATURE: Joel L. Altman MGR 4/24/06 561.997-8661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #