

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000028967

Entity Name: A & K ASSOCIATES II, LLC

FILED  
May 01, 2008  
Secretary of State

## Current Principal Place of Business:

1515 SOUTH FEDERAL HIGHWAY  
SUITE 300  
BOCA RATON, FL 33432

## New Principal Place of Business:

## Current Mailing Address:

1515 SOUTH FEDERAL HIGHWAY  
SUITE 300  
BOCA RATON, FL 33432

## New Mailing Address:

FEI Number: 61-1454942      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: ALTMAN, JOEL L  
Address: 1515 SOUTH FEDERAL HIGHWAY, #300  
City-St-Zip: BOCA RATON, FL 33432

Title: MGR      ( ) Delete  
Name: KESSLER, DAVID J  
Address: 101 PLAZA REAL S STE 202  
City-St-Zip: BOCA RATON, FL 33432

## ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: JOEL L. ALTMAN

MGR

05/01/2008

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