2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2005
Secretary of State

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Entity Name: TME MULTI-FAMILY II, LLC

Current Principal Place of Business:

114 WEST PARRISH STREET, 5TH FLOOR
DURHAM, NC 27701

New Principal Place of Business:

PO BOX 13667
RESEARCH TRIANGLE PARK, NC 27709

Current Mailing Address:

114 WEST PARRISH STREET, 5TH FLOOR
DURHAM, NC 27701

New Mailing Address:

PO BOX 13667
RESEARCH TRIANGLE PARK, NC 27709

FEI Number: 20-1282981 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MACKINNON, ALEXANDER C
255 SOUTH ORANGE AVE., SUITE 800
ORLANDO, FL 32801 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/MEMBERS:

Title: MGR ( ) Delete
Name: BASS, GUSTAVUS
Address: 114 WEST PARRISH STREET, 5TH FLOOR
City-St-Zip: DURHAM, NC 27701

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BASS, GUSTAVUS
Address: PO BOX 13667
City-St-Zip: RESEARCH TRIANGLE PARK, NC 27709

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GUSTAVUS BASS MGR 02/07/2005

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