2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2005
Secretary of State

DOCUMENT# L04000041085

Entity Name: ALLIANCE CARE/CGF PARTNERS II, LLC

Current Principal Place of Business:

225 MIZNER BLVD., SUITE 750
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

225 MIZNER BLVD., SUITE 750
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 20-1209906 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JACOBS, MICHAEL
225 MIZNER BLVD., SUITE 750
BOCA RATON, FL 33432 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: MGRM ( ) Delete
Name: CAPIAL GROWTH INVETM, ENT FUND ADVIS O RS, LLC
Address: 225 MIZNER BLVD., SUITE 750
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CAPIAL GROWTH INVEST, MENT FUND ADVI S ORS, LL
Address: 225 MIZNER BLVD., SUITE 750
City-St-Zip: BOCA RATON, FL 33432

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: ALAN L. JACOBS MG/M 01/04/2005

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