

**FILED**  
**Jun 09, 2008 8:00 am**  
**Secretary of State**


5/1

05-01-2008 90035 043 \*\*\*138.75

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**DOCUMENT # L07000027927**

1. Entity Name  
**ACP ACQUISITION FUND II LLC**



Principal Place of Business  
**444 BRICKELL AVENUE, STE 900 MIAMI, FL 33131**

Mailing Address  
**444 BRICKELL AVENUE, STE 900 MIAMI, FL 33131**

**30008945**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

02152008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**20-8031377**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**LEGAGNEUR, NATHALIE  
 444 BRICKELL AVENUE, STE 900  
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent  
**Jude M. Williams  
 444 Brickell Avenue Suite 900  
 Miami, FL 33131**

Zip Code

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 *Allen C. de Olazarra* (NOTE: Registered Agent signature required when re-registering)

DATE 02/21/08

**FILE NOW!!! FEE IS \$138.75  
 After May 1, 2008 Fee will be \$538.75**

Make check payable to  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MGR	Allen C. de Olazarra	444 Brickell Avenue, Suite 900	Miami, FL 33131	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 608, Florida Statutes.

SIGNATURE: *Allen C. de Olazarra* (authorized rep) DATE 2/28/08 305.995.9998

SIGNATURE AND TYPE OF OFFICER, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #