2006 LIMITED LIABILITY COMPANY ANNUAL REPORT			FILED Jan 27, 2006 08:00 AI	
DOCUMENT # M0000000646 1. Entity Name CARMIL II LLC			Secretary of State	
Principal Place of Business 600 E. LAS COLINAS BLVD., SUITE 1800 IRVING, TX 75039	Mailing Address PO BOX 619091 DALLAS, TX 75261-9091			
DO NOT WRITE IN THIS SPACE			01092006 No Chg-LLC CR2E083 (11/05) 4. FEI Number Applied For 75-2780931 Not Applicable 5. Certificate of Status Desired \$5.00 Additional Fee Required Fee Required	
6. Name and Address of Curren CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	nt Registered Agent		DO NOT WRITE IN THIS SPACE	
 The above named entity submits this statement the obligations of registered agent. SIGNATURE		ared office or register	ed agent, or both, in the State of Florida. I am familiar with, and accept Iwnen Fainstating) - DATE IVUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUU	
9. MANAGING MEMI TITLE MGRM NAME CARMIL ASSOCIATES, INC. STREET ADDRESS 600 E. LAS COLINAS BLVD., S CITY-ST-ZIP IRVING, TX 75039 TITLE MGRM NAME MILLER, J. FRANK III STREET ADDRESS 600 E. LAS COLINAS BLVD., S CITY-ST-ZIP IRVING, TX 75039				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	······································			
11. I hereby certify that the information supplied windicated on this report is true and accurate a limited liability company or the receiver or trus	vith this filing does not qualify for the nd that my signature shall have the s tee empowered to execute this report the signific managing memory or author of signific managing memory or author	ame legal effect as if t as required by Cha Thomas Asst. Vic	d in Chapter 119, Florida Statutes, I further certify that the information f made under oath; that I am a managing member or manager of the pter 608, Florida Statutes. F. Kavanagh ce President	