


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90122 024 \*\*\*138.75

DOCUMENT # M03000003448		
1. Entity Name A.O. BLACKACRE II, LLC		

Principal Place of Business 171 MATAWAN AVE. MATAWAN, NH 07747	Mailing Address 171 MATAWAN AVE. MATAWAN, NH 07747
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**DO NOT WRITE IN THIS SPACE**

01292008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number 06-0016868	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

KRONGOLD & SINGER, P.A.  
ATTN: RANDI M. KRONGOLD, ESQ  
~~201 ALHAMBRA CIR, STE 804~~  
~~CORAL GABLES, FL 33134~~

1441 BRICKEL AVE  
SUITE 1430  
MIAMI, FL 33131

**DO NOT WRITE  
IN THIS SPACE**

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:       DATE: 1/28/08

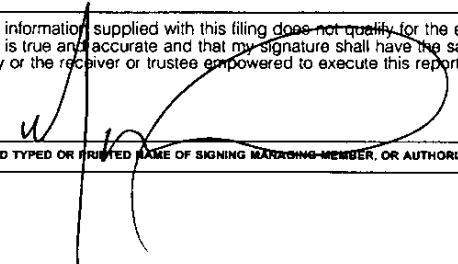
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SIEGEL, MARC J 171 MATAWAN AVE. MATAWAN, NH 07747
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:       DATE: 1/30/08      732-566-5900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #