


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90291 024 \*\*\*\*50.00

<b>DOCUMENT # M04000002425</b>	
1. Entity Name <b>CROSS CREEK APARTMENTS II, LLC</b>	

Principal Place of Business <b>500 SOUTH SEPULVEDA BLVD., SUITE 303 LOS ANGELES, CA 90049</b>	Mailing Address <b>500 SOUTH SEPULVEDA BLVD., SUITE 303 LOS ANGELES, CA 90049</b>
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2. Principal Place of Business <b>12100 WILSHIRE BLVD</b>	3. Mailing Address <b>12100 WILSHIRE BLVD</b>
Suite, Apt. #, etc. <b>#250</b>	Suite, Apt. #, etc. <b>#250</b>
City & State <b>LOS ANGELES, CA</b>	City & State <b>LOS ANGELES, CA</b>
Zip <b>90025</b>	Country <b>USA</b>

03232005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>010816102</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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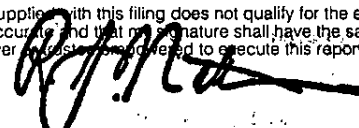
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TUSSIE, CHERYL A 103 FOULK ROAD, SUITE 101 WILMINGTON, DE 19803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARNEY, LINDA L 103 FOULK ROAD, SUITE 101 WILMINGTON, DE 19803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NATHAN, RICHARD 500 SOUTH SEPULVEDA BLVD., SUITE 303 LOS ANGELES, CA 90049 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>12100 WILSHIRE BLVD #250 LOS ANGELES, CA 90025</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUBUCLET, PIETRA L 500 SOUTH SEPULVEDA BLVD., SUITE 303 LOS ANGELES, CA 90049 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>12100 WILSHIRE BLVD #250 LOS ANGELES, CA 90025</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COUVILLON, CONSTANCE E 500 SOUTH SEPULVEDA BLVD., SUITE 303 LOS ANGELES, CA 90049 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>12100 WILSHIRE BLVD #250 LOS ANGELES, CA 90025</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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, and am authorized to execute this report as required by Chapter 608, Florida Statutes.

<b>SIGNATURE:</b> 	<b>3-22-05 310-826-7301</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #