


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90379 001 *1,600.00

DOCUMENT # M04000002425 1. Entity Name CROSS CREEK APARTMENTS II, LLC	
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Principal Place of Business 12100 WILSHIRE BOULEVARD SUITE 250 LOS ANGELES, CA 90025 US	Mailing Address 12100 WILSHIRE BOULEVARD SUITE 250 LOS ANGELES, CA 90025 US
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03162007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0816102	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331
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**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TUSSIE, CHERYL A 103 FOULK ROAD, SUITE 101 WILMINGTON, DE 19803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARNEY, LINDA L 103 FOULK ROAD, SUITE 101 WILMINGTON, DE 19803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NATHAN, RICHARD 12100 WILSHIRE BOULEVARD SUITE 250 LOS ANGELES, CA 90025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUBUCLET, PIETRA L 12100 WILSHIRE BOULEVARD SUITE 250 LOS ANGELES, CA 90025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COUVILLON, CONSTANCE E 12100 WILSHIRE BOULEVARD SUITE 250 LOS ANGELES, CA 90025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5/1/2007

(310) 826-7301