

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90049 009 ****50.00

DOCUMENT # M05000002868

1. Entity Name

ASSET MANAGEMENT CONSULTANTS II, LLC



Principal Place of Business

ONE TOWNE SQUARE, SUITE 1913
SOUTHFIELD, MI 48076

Mailing Address

ONE TOWNE SQUARE, SUITE 1913
SOUTHFIELD, MI 48076

DO NOT WRITE IN THIS SPACE



04032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

20-2832694

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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 | MGR |
| NAME | MELTZER, SETH S |
| STREET ADDRESS | ONE TOWNE SQUARE, SUITE 1913 |
| CITY-ST-ZIP | SOUTHFIELD, MI 48076 |

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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: _____

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

4/23/07

Date

Daytime Phone # _____