

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000002162

FILED  
Jan 03, 2008  
Secretary of State

Entity Name: ALLIED MORTGAGE INVESTMENT FUND II SPE 1, LLC

**Current Principal Place of Business:**

13680 N.W. 5TH STREET SUITE 100  
SUNRISE, FL 33325

**New Principal Place of Business:**

**Current Mailing Address:**

13680 N.W. 5TH STREET SUITE 100  
SUNRISE, FL 33325

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVE.  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LEVINE, DAVID  
Address: 13680 N.W. 5TH STREET SUITE 100  
City-St-Zip: SUNRISE, FL 33325

Title: MGR ( ) Delete  
Name: CHAO, ANTHONY  
Address: 13680 N.W. 5TH STREET SUITE 100  
City-St-Zip: SUNRISE, FL 33325

Title: MGR ( ) Delete  
Name: JACOBS, DOUGLAS  
Address: 13680 N.W. 5TH STREET SUITE 100  
City-St-Zip: SUNRISE, FL 33325

Title: MGR ( ) Delete  
Name: JACOBS, DANIEL  
Address: 13680 N.W. 5TH STREET SUITE 100  
City-St-Zip: SUNRISE, FL 33325

Title: MGR ( ) Delete  
Name: KOSS, JEREMY  
Address: 13680 N.W. 5TH STREET SUITE 100  
City-St-Zip: SUNRISE, FL 33325

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JEREMY A KOSS

RA

01/03/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date