2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000004099

Entity Name: TALLAHASSEE LEASED HOUSING ASSOCIATES II, LLC

FILED Jan 06, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2905 NORTHWEST BOULEVARD, SUITE 150 PLYMOUTH, MN 55441

Current Mailing Address: New Mailing Address:

2905 NORTHWEST BOULEVARD, SUITE 150 PLYMOUTH, MN 55441

FEI Number: 45-2956260 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

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

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

Name: BRIETON, DAVID L

Address: 2905 NORTHWEST BOULEVARD, SUITE 150

City-St-Zip: PLYMOUTH, MN 55441

Title: MGR

Name: SAFAR, JACK W

Address: 2905 NORTHWEST BOULEVARD, SUITE 150

City-St-Zip: PLYMOUTH, MN 55441

Title: MGR

Name: BRACHMAN, AMAND E

Address: 2905 NORTHWEST BOULEVARD, SUITE 150

City-St-Zip: PLYMOUTH, MN 55441

Title: MGR

Name: SWEEN, PAUL R

Address: 2905 NORTHWEST BOULEVARD, SUITE 150

City-St-Zip: PLYMOUTH, MN 55441

Title: MGR

Name: NAGGETT, JEFFREY R

Address: 2905 NORTHWEST BOULEVARD, SUITE 150

City-St-Zip: PLYMOUTH, MN 55441

Title: MGR

Name: MOORHOUSE, MARK S

Address: 2905 NORTHWEST BOULEVARD, SUITE 150

City-St-Zip: PLYMOUTH, MN 55441

I hereby 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 Statues.

SIGNATURE: ARMAND BRACHMAN SEC. 01/06/2012

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