LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99 000000507

REALTY ASOCIATES FUND II LLC

FILED May 07, 2002 8:00 am Secretary of State

05-07-2002 90393 020 ****50.00

956131

DO NOT	WRITE	IN THIS	SPACE
	2		

2. Principal Place of Business
c/o TA Associates Realty
Suite Apt. # etc.
28 State Street, 10th Floor
City & State
Boston, MA 02109

3. Mailing Address
c/o TA Associates Realty
Suite, Apt. # etc.
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City & State
Boston, MA 02109

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City & State
Boston, MA

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		**		7. Name and Address of Current Registered Agent				
9	Country USA	Zip 02109	Country USA	5. Certificate of Status Desired	Fee	00 Additional Required		
on, MA	02109	Boston, MA		04-3092338		Not Applicable		
on, MA	02100	_ Sity di Otalic	• • •	4. FEI Number	. "	Applied For		

DO NOT WRITE IN THIS SPACE

Name Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street

	^{City} Tallahassee	_	
~iotor	of office and a second second second		 T

Zip 32301-2525

 The desire flathed entity	y submits this state	sment for the pur	pose of changing	g its registered	office or registere	ed agent, or	both, in t	he State of Fl	lorida.

SIGNATURE

Zip 0210

1. Entity Name

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

8. The above named entity submits this statement for the

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

MANAGING MEMBERS/MANAGERS TITLE MGRM TITLE NAME Realty Associates Fund II Trust NAME STREET ADDRESS 28 State Street, 10th Floor STREET ADDRESS Boston, MA 02109 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP City-ST-ZIP

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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

By: Realty Associates Fund II Trust, a Massachusetts Business Trust, Sole Member

GNATURE TRUEN & SUPONULL

4/20/02-6174762711