

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
05 MAR 10 AM 10:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M99000000507	
1. Entity Name REALTY ASSOCIATES FUND II LLC	



Principal Place of Business C/O TA ASSOCIATES REALTY 28 STATE STREET, 10TH FLOOR BOSTON, MA 02109	Mailing Address C/O TA ASSOCIATES REALTY 28 STATE STREET, 10TH FLOOR BOSTON, MA 02109
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02092005No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 04-3092338	Applied For 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  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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**DO NOT WRITE  
IN THIS SPACE**

B. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REALTY ASSOCIATES FUND II TRUST 28 STATE STREET, 10TH FLOOR BOSTON, MA 02109
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300048136453

**DO NOT WRITE  
IN THIS SPACE**

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.

Realty Associates Fund II Trust by Michael Ruane, Trustee  
**SIGNATURE:** Michael Ruane 2/24/05 617 476 2700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #



CORPORATION SERVICE COMPANY

**M99000000507**

ACCOUNT NO. : 072100000032

REFERENCE : 246634 4304937

AUTHORIZATION :

*Patricia Pigato*

COST LIMIT : \$ 50.00

ORDER DATE : March 8, 2005

ORDER TIME : 10:12 AM

ORDER NO. : 246634-070

CUSTOMER NO: 4304937

CUSTOMER: Anne T. Leland, Legal Asst  
Mintz, Levin, Cohn, Ferris,  
One Financial Center

Boston, MA 02111

*BK*

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ANNUAL REPORT FILING

NAME: REALTY ASSOCIATES FUND II LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Heather Chapman - Ext. 2908

EXAMINER'S INITIALS: \_\_\_\_\_

**RECEIVED**  
05 MAR 10 AM 10:54  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS  
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