

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000006365**

1. Entity Name

GILLER FAMILY FOUNDATION II, INC.



Principal Place of Business

C/O NORMAN M. GILLER  
975 ARTHUR GODFREY ROAD  
MIAMI BEACH, FL 33140

Mailing Address

C/O NORMAN M. GILLER  
975 ARTHUR GODFREY ROAD  
MIAMI BEACH, FL 33140

**DO NOT WRITE IN THIS SPACE**



04252006 No Chg-NP

CR2E037 (11/05)

4. FEE Number  
65-0798867

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GILLER, NORMAN M  
975 41ST STREET  
MIAMI BEACH, FL 33140

**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 \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME GILLER, NORMAN M  
STREET ADDRESS 975 ARTHUR GODFREY ROAD  
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE D  
NAME GILLER, IRA  
STREET ADDRESS 975 ARTHUR GODFREY ROAD  
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE D  
NAME GILLER, BRIAN  
STREET ADDRESS 975 ARTHUR GODFREY ROAD  
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE D  
NAME GROSSMAN, ANITA G  
STREET ADDRESS 975 ARTHUR GODFREY ROAD  
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000548627  
05/12/06-80070-019 70.00

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IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Anita G. Grossman* Anita G. Grossman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/06  
Date

305-538-6324  
Daytime Phone #