RI SOS Filing Number: 200704255160 Date: 11/30/2007 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No.	2. Exact name of the limited liability company		
143403	Koffler Multi Strategy II, LLC		
3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island		
Rhode Island	To Acquire and Invest in Such Interests in Real Property		
5. Principal office address	City	State	Zip
10 Memorial Blvd Suite 901	Providence	RI	02903

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
Terri Chernick	Manager		
Street Address	City	State	Zip
10 Memorial Blvd Suite 901	Providence	RI	02903

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Manager Name		
Terri Chernick			
Street Address	Street Address		
10 Memorial Blvd Suite 901			
City / State / Zip	City	State	Zip
Providence / RI / 02903			
Manager Name	Manager Name		
Street Address	Street Address		
City / State / Zip	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	
Scott J. Summer, Esq.		
Address	City	Zip
400 Reservoir Avenue, Suite 3A	Providence	02907

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

2007 NOV 29 P 12:3

[redacted] 143403

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

Terri Chernick 11-14-07
Signature of Authorized Person *Date*

[redacted] Terri S. Chernick
Print or Type Name of Authorized Person

File Date	FILED
Check No.	NOV 30 2007
By:	By 935 mnc

FOR SECRETARY OF STATE USE ONLY
16409-53-203806

Form 632 Rev. 07/07