

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
1 401.322,3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR_

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 (h&c)) is subject to a penalty fee of \$25.00.

(R.I.G.L., /-16-66 (b&c))	is subject i	o a penany jee oj \$25.00						
1. ID No.								
143403	Koffler	Multi Strategy II, LLC						
3. State of Formation 4. Brief description of the character of the business which				h is actually conducted in Rhode Island				
Rhode Island		To Acquire and Inve	st in Such Interests in					
5. Principal office address				City	State	-	Zip	
10 Memorial Blvd Suite 901				Providence	RI		02903	
6. MAILING ADDRE	SS OF L	IMITED LIABILITY O	OMPANY AND NAME	OR TITLE OF CONTACT PER	SON:			
Contact Name				Contact Title				
Terri Chernick				Manager				
Street Address				City	Stale		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 02903	Cit _h i	State		Zip	
Providence		RI	02903		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Manager Name				Manager Name				
								Street Address
City		State	Zip	City	State		zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes				e equire filing of Form 642 - R.I.G.L. 7-16-11				
Agent Name				Address				
Scott J. Summer, Esq.								
Address				City Zip		Ζip		
400 Reservoir Avenue, Suite 3A				Providence 02907		02907	7	
				I				

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

143403

File Date FILED	-
Check No. NOV 3 0 2007	-
By: 935, MMC	2
FOR SECRETARY OF STATE USE ONLY	

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.

Ten Chamick 1-14-07
Signature of Authorized Person Date

Print or Type Name of Authorized Person