

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007023

Entity Name: DESIGN TIMBER II, LLC

FILED
Mar 31, 2009
Secretary of State

Current Principal Place of Business:

12469 W SR 100
LAKE BUTLER, FL 32054

New Principal Place of Business:

Current Mailing Address:

PO BOX 238
LAKE BUTLER, FL 32054

New Mailing Address:

FEI Number: 75-3030038

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROBERTS, AVERY C
12469 W SR 100
LAKE BUTLER, FL 32054 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VICKERS, SAMUEL H
Address: 2913 WESTSIDE BLVD.
City-St-Zip: JACKSONVILLE, FL 32209

Title: MGRM () Delete
Name: BRANT, WILLIAM P
Address: 2913 WESTSIDE BLVD.
City-St-Zip: JACKSONVILLE, FL 32209

Title: MGRM () Delete
Name: ROBERTS, AVERY
Address: PO BOX 233
City-St-Zip: LAKE BUTLER, FL 32054

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

SIGNATURE: AVERY C. ROBERTS

MGMR

03/31/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date