

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000001161

Entity Name: THIRTY-SEVEN FIFTY II, LLC

FILED
Feb 10, 2009
Secretary of State

Current Principal Place of Business:

1022 PARK ST.
SUITE 305
JACKSONVILLE, FL 32204

New Principal Place of Business:

3824 BETTES CIRCLE
JACKSONVILLE, FL 32210

Current Mailing Address:

1022 PARK ST.
SUITE 305
JACKSONVILLE, FL 32204

New Mailing Address:

3824 BETTES CIRCLE
JACKSONVILLE, FL 32210

FEI Number: 56-2348273

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUSHING, ROBERT K
3824 BETTS C.
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

RUSHING, ROBERT K
3824 BETTS CIRCLE
JACKSONVILLE, FL 32210 US

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:

02/10/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RUSHING, ROBERT K
Address: 3824 BETTS CT.
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: MGR () Delete
Name: HALL, MICHAEL R
Address: 1131 TIGER TRACE BLVD
City-St-Zip: GULF BREEZE, FL 32563 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: RUSHING, ROBERT K
Address: 3824 BETTS CIRCLE
City-St-Zip: JACKSONVILLE, FL 32210 US

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: ROBERT K. RUSHING

MGR

02/10/2009

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