

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000031415

FILED
Feb 16, 2009
Secretary of State

Entity Name: LANDERS HOLDINGS II, LLC

Current Principal Place of Business:

7195 NW 30TH ST.
MIAMI, FL 33122

New Principal Place of Business:

Current Mailing Address:

7195 NW 30TH ST.
MIAMI, FL 33122

New Mailing Address:

FEI Number: 20-0183605

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANDERS, ARTHUR
7195 NW 30TH STREET
MIAMI, FL 33122 US

Name and Address of New Registered Agent:

GY CORPORATE SERVICES, INC.
TWO SOUTH BISCAYNE BLVD.
SUITE 3400
MIAMI, FL 33131 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: MARK J. SCHEER

02/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LANDERS, ARTHUR
Address: 7195 NW 30TH ST.
City-St-Zip: MIAMI, FL 33122

Title: MGR () Delete
Name: LANDERS, JACK
Address: 7195 NW 30TH ST.
City-St-Zip: MIAMI, FL 33122

Title: P () Delete
Name: THE BANNER JAMES GRO, UP, LLC
Address: 7195 NW 30TH ST
City-St-Zip: MIAMI, FL 33122

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: ARTHUR LANDERS

MGR

02/16/2009

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