2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# L03000038859

Entity Name: BRIARPATCH II, LLC

Current Principal Place of Business:

2134 ANDREA LANE
SUITE D
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

2134 ANDREA LANE
SUITE D
FORT MYERS, FL 33912

New Mailing Address:

FEI Number: 20-0297476 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

COPELAND, TORY D
2134 ANDREA LANE
SUITE D
FORT MYERS, FL 33912 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:	MGR	( ) Delete
Name:	JOHNSON, JERRY W	
Address:	2134 ANDREA LANE SUITE D	
City-St-Zip:	FORT MYERS, FL 33912	
Title:	GM	( ) Delete
Name:	COPELAND, TORY	
Address:	2134 ANDREA LANE SUITE D	
City-St-Zip:	FORT MYERS, FL 33912	
Title:	MGR	( ) Delete
Name:	JOHNSON, GAIL	
Address:	2134 ANDREA LANE SUITE D	
City-St-Zip:	FORT MYERS, FL 33912	

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: TORY COPELAND GM 04/13/2009

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