

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000050207

FILED
Jan 29, 2009
Secretary of State

Entity Name: GRAND OAKS SQUARE II, LLC

Current Principal Place of Business:

14900 GULF BLVD.
UNIT #504
MADEIRA BEACH, FL 33708 US

Current Mailing Address:

14900 GULF BLVD.
UNIT #504
MADEIRA BEACH, FL 33708 US

New Principal Place of Business:

14900 GULF BLVD.
18208 SUNSET BLVD A
REDINGTON, FL 33708 US

New Mailing Address:

14900 GULF BLVD.
18208 SUNSET BLVD A
REDINGTON SHORES, FL 33708 US

FEI Number: 56-2464685

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYER, THOMAS W
14900 GULF BLVD.
UNIT #504
MADEIRA BEACH, FL 33708 US

Name and Address of New Registered Agent:

BOYER, THOMAS W
18208 SUNSET BLVD
A
REDINGTON SHORES, FL 33708 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:

01/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BOYER, THOMAS W
Address: P.O. BOX 86366
City-St-Zip: MADEIRA BEACH, FL 33738 US

Title: MGRM () Delete
Name: BOYD, JANIS
Address: P.O. BOX 678
City-St-Zip: HOMOSASSA, FL 334487 US

ADDITIONS/CHANGES:

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: THOMAS BOYER

MGRM

01/29/2009

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