

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000042514

FILED
Apr 25, 2009
Secretary of State

Entity Name: PROVIDENCE RESERVE II, LLC

Current Principal Place of Business:

3348 EDGEWATER DRIVE
ORLANDO, FL 32804

New Principal Place of Business:

7217 EAST COLONIAL DR # 112
ORLANDO, FL 32807

Current Mailing Address:

3348 EDGEWATER DRIVE
ORLANDO, FL 32804

New Mailing Address:

PO BOX 536428
ORLANDO, FL 32853

FEI Number: 20-1243666

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION COMPANY OF ORLANDO
300 SOUTH ORANGE AVE.
SUITE 1000 (JGH)
ORLANDO, FL 328015403 US

Name and Address of New Registered Agent:

SCHWARTZ, RONALD N
2632 MANDAN TRAIL
WINTER APRK, FL 32789 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: RONALD N SCHWARTZ

04/25/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SCHWARTZ, RONALD N
Address: 3348 EDGEWATER DR.
City-St-Zip: ORLANDO, FL 32804

Title: MGR () Delete
Name: SCHULER, C.LAWRENCE
Address: 3348 EDGEWATER DR.
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SCHWARTZ, RONALD N
Address: PO BOX 536428
City-St-Zip: ORLANDO, FL 32853

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: RONALD N SCHWARTZ

MGR

04/25/2009

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