2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000043680

1. Entity Name RAWLS LAND II. LLC



Principal Place of Business

13876 PLEASANT VALLEY DRIVE JACKSONVILLE, FL 32225

Mailing Address

P.O. BOX 350422 JACKSONVILLE, FL 32235

FILED Jan 22, 2008 8:00 am Secretary of State

01-22-2008 90123 012 ***138.75

60002915



01112008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-1275993

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

RAWLS, THOMAS S 13876 PLEASANT VALLEY DRIVE JACKSONVILLE, FL 32225

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IN	THIS	SPACE	

tered agent, or both	in the State of Florida.	I am familiar with	and accept

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAWLS, THOMAS S 13876 PLEASANT VALLEY DRIVE JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	:
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited fiability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Jun . Tal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

-904-221-9083

Date

Daytime Phone #