

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000068874

FILED
Apr 24, 2009
Secretary of State

Entity Name: MEADOWS HOLDINGS II, LLC

Current Principal Place of Business:

4800 LINTON BOULEVARD
A201
DELRAY BEACH, FL 33445 US

New Principal Place of Business:

Current Mailing Address:

2240 SLOANE PLACE
WELLINGTON, FL 33414 US

New Mailing Address:

FEI Number: 20-2798304

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEREK A. SCHWARTZ, P.A.
2385 EXECUTIVE CENTER DRIVE
SUITE 190
BOCA RATON, FL 33431 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: MEADOWS, STEVE E
Address: 4800 LINTON BOULEVARD, A201
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: MGR () Delete
Name: MEADOWS, MICHAEL L
Address: 4800 LINTON BOULEVARD, A201
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: MGR () Delete
Name: KAMINSKY, RONALD S
Address: 4800 LINTON BOULEVARD, A201
City-St-Zip: DELRAY BEACH, FL 33445 US

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: MICHAEL MEADOWS

MGRM

04/24/2009

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