

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000079467

FILED
Apr 28, 2009
Secretary of State

Entity Name: TERRIER II, LLC

Current Principal Place of Business:

1512 NORTH LAKESIDE DRIVE
LAKE WORTH, FL 33460

New Principal Place of Business:

805 N. SWINTON AVE.
DELRAY BEACH, FL 33444

Current Mailing Address:

P.O BOX 1474
LAKE WORTH, FL 33460

New Mailing Address:

805 N. SWINTON AVE.
DELRAY BEACH, FL 33444

FEI Number: 20-1828257

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAWRENCE, ANDREA
1512 NORTH LAKESIDE DRIVE
LAKE WORTH, FL 33460 US

Name and Address of New Registered Agent:

LAWRENCE, ANDREA
805 N. SWINTON AVE.
DELRAY BEACH, FL 33444 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:

04/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCHIFF, SUSAN G
Address: 1512 N. LAKESIDE DR.
City-St-Zip: LAKE WORTH, FL 33460

Title: MGR () Delete
Name: LAWRENCE, ANDREA
Address: 1512 NORTH LAKESIDE DRIVE
City-St-Zip: LAKE WORTH, FL 33460

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SCHIFF, SUSAN G
Address: 805 N. SWINTON AVE.
City-St-Zip: DELRAY BEACH, FL 33444

Title: MGR (X) Change () Addition
Name: LAWRENCE, ANDREA
Address: 805 N. SWINTON AVE.
City-St-Zip: DELRAY BEACH, FL 33444

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: ANDREA LAWRENCE

MGR

04/28/2009

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