

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000087387

FILED  
Jun 22, 2009  
Secretary of State

Entity Name: JULIAN II LLC

**Current Principal Place of Business:**

10615 EAST COLONIAL DR  
ORLANDO, FL 32817 US

**New Principal Place of Business:**

**Current Mailing Address:**

10615 EAST COLONIAL DR  
ORLANDO, FL 32817 US

**New Mailing Address:**

FEI Number: 20-1987649      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MARTINEZ-MALDONAD, MARIBEL  
448 WINGHURST BOULEVARD  
ORLANDO, FL 32828 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MARTINEZ, ALBERTO  
Address: 448 WINGHURST BOULEVARD  
City-St-Zip: ORLANDO, FL 32828 US

Title: MGRM ( ) Delete  
Name: MARTINEZ-MALDONADO, MARIBEL  
Address: 448 WINGHURST BOULEVARD  
City-St-Zip: ORLANDO, FL 32828 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: ALBERT MARTINEZ

MR.

06/22/2009

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