2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# L05000042251

Entity Name: ARMSTRONG LAKE WALES II DEVELOPMENT, LLC

Current Principal Place of Business:

13801 NORTH DALE MABRY HIGHWAY STE 200
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

ONE ARMSTRONG PLACE
BUTLER, PA 16001

New Mailing Address:

FEI Number: 54-2171271 **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:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 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:	GOINS, ALLEN	
Address:	13801 NORTH DALE MABRY HIGHWAY STE 200	
City-St-Zip:	TAMPA, FL 33618	
Title:	MGR	( ) Delete
Name:	CAMPBELL, KIRBY	
Address:	ONE ARMSTRONG PLACE	
City-St-Zip:	BUTLER, PA 16001	
Title:	MGR	( ) Delete
Name:	SEDWICK, DRU	
Address:	ONE ARMSTRONG PLACE	
City-St-Zip:	BUTLER, PA 16001	
Title:	MGR	( ) Delete
Name:	JAIMESON, DAVID REAMS	
Address:	ONE ARMSTRONG PLACE	
City-St-Zip:	BUTLER, PA 16001	
Title:	MGRM	( ) Delete
Name:	AG ARMSTRONG DEVELOP, MENT, LLC	
Address:	13801 NORTH DALE MABRY HWY STE 200	
City-St-Zip:	TAMPA, FL 33618	
Title:	MGRM	( ) Delete
Name:	ARMSTRONG FLORIDA RE, ALTY HOLDING, L LC	
Address:	ONE ARMSTRONG PLACE	
City-St-Zip:	BUTLER, PA 16001	

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:		
Title:	MGR	(X) Change ( ) Addition
Name:	CIPOLETTI, BRYAN	
Address:	ONE ARMSTRONG PLACE	
City-St-Zip:	BUTLER, PA 16001	
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: DRU A. SEDWICK MGR 05/01/2008

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