

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000042251

FILED  
Apr 23, 2009  
Secretary of State

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:**

ONE ARMSTRONG PLACE  
BUTLER, PA 16001

**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 ( )

**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: CIPOLETTI, BRYAN  
Address: ONE ARMSTRONG PLACE  
City-St-Zip: BUTLER, PA 16001

Title: MGRM ( ) Delete  
Name: AG ARMSTRONG DEVELOPMENT, LLC  
Address: 13801 NORTH DALE MABRY HWY STE 200  
City-St-Zip: TAMPA, FL 33618

Title: MGRM (X) Delete  
Name: ARMSTRONG FLORIDA REALTY HOLDING, LLC  
Address: ONE ARMSTRONG PLACE  
City-St-Zip: BUTLER, PA 16001

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BALDWIN, GREGG W  
Address: 13801 NORTH DALE MABRY HIGHWAY STE 200  
City-St-Zip: TAMPA, FL 33618

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: ( ) 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

04/23/2009

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