

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000120611

Entity Name: TCD PARTNERS II, LLC

FILED
Mar 28, 2008
Secretary of State

Current Principal Place of Business:

51 CAPTAIN DUNBAR ROAD
BOX 2408
BREWSTER, MA 02631 US

New Principal Place of Business:

Current Mailing Address:

51 CAPTAIN DUNBAR ROAD
BOX 2408
BREWSTER, MA 02631 US

New Mailing Address:

FEI Number: 20-4130879

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEYER, DOUGLAS
4636 LITTLE RIVER LANE
FORT MYERS, FL 33905 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: MGRM () Delete
Name: EDMONDSON, THOMAS
Address: 51 CAPTAIN DUNBAR ROAD BOX 2408
City-St-Zip: BREWSTER, MA 02631 US

Title: MGRM () Delete
Name: EDMONDSON, CAROL
Address: 51 CAPTAIN DUNBAR ROAD BOX 2408
City-St-Zip: BREWSTER, MA 02631 US

Title: MGRM () Delete
Name: MEYER, DOUGLAS
Address: 4636 LITTLE RIVER LANE
City-St-Zip: FORT MYERS, FL 33905 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: THOMAS EDMONDSON

MGRM

03/28/2008

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