2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000120611

Entity Name: TCD PARTNERS II, LLC

City-St-Zip: FORT MYERS, FL 33905 US

FILED Jun 26, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
51 CAPTA BOX 2408	IN DUNBAR ROA	AD			
	ER, MA 02631	US			
Current Mailing Address:			New Mailing Address:		
	IN DUNBAR ROA	AD			
BOX 2408 BREWSTE	ER, MA 02631	US			
FEI Number:		FEI Number Applied For() FEI I)(b), F.S., the limited liability company o	Number Not Applicable ()	Certificate of Status Desired ()	
	· ·	rent Registered Agent:	· · · · · · · · · · · · · · · · · · ·	of New Registered Agent:	
	OUGLAS LE RIVER LANE ERS, FL 33905	US			
	named entity sub of Florida.	omits this statement for the purpos	e of changing its registere	ed office or registered agent, or both	
SIGNATUR	RE:				
Electronic Signature of Registered Agent				Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGRM () De EDMONDSON, TH 51 CAPTAIN DUNE BREWSTER, MA	OMAS BAR ROAD BOX 2408	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () De EDMONDSON, CA 51 CAPTAIN DUNE BREWSTER, MA	ROL BAR ROAD BOX 2408	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	MGRM () De MEYER, DOUGLA 4636 LITTLE RIVE	S	Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: THOMAS EDMONDSON 06/26/2009