

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000021458

**FILED**  
**Mar 24, 2009**  
**Secretary of State**

**Entity Name:** OLLIE KOALA'S BACKYARD II, LLC

**Current Principal Place of Business:**

11700 SAN JOSE BLVD.  
SUITE 9A  
JACKSONVILLE, FL 32223

**New Principal Place of Business:**

**Current Mailing Address:**

11700 SAN JOSE BLVD.  
SUITE 9A  
JACKSONVILLE, FL 32223

**New Mailing Address:**

**FEI Number:** 20-5833644      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

PRICE, KEVIN W MR.  
6558 BURNHAM CIRCLE  
PONTE VEDRA BEACH, FL 32082      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: PRICE, KEVIN  
Address: 6558 BURNHAM CIRCLE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGRM      ( ) Delete  
Name: SCHILLING, BRUCE  
Address: 112 STRONG BRANCH DR  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

**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: KEVIN PRICE      MGRM      03/24/2009

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