

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 22, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L06000032907**

1. Entity Name  
**BNA NATIONAL INVESTMENTS II LLC**



Principal Place of Business  
**13453 STONE POND DRIVE  
JACKSONVILLE, FL 32224**

Mailing Address  
**13453 STONE POND DRIVE  
JACKSONVILLE, FL 32224**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01252008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
**77-0682828**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OUREDNIK, KAREL IV ESQ.  
317 4TH AVENUE NORTH  
JACKSONVILLE BEACH, FL 32250**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
MCGOWAN, MURRY  
1453 STONE POND DR  
JACKSONVILLE, FL 32224** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**U000000335468  
02/29/08-80037-006 138.75** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
MCGOWAN, NATALIE  
13453 STONE ROND DR  
JACKSONVILLE, FL 32224** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** *Natalie McGowan* **NATALIE MCGOWAN** *2/8/08* *904-568-0856*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #