

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000059529

FILED  
Feb 25, 2009  
Secretary of State

Entity Name: PALMETTO EXPRESSWAY BUSINESS PARK II, LLC

**Current Principal Place of Business:**

1226 N TAMIAMI TRAIL, STE 301  
SARASOTA, FL 32436

**New Principal Place of Business:**

**Current Mailing Address:**

1226 N TAMIAMI TRAIL, STE 301  
SARASOTA, FL 32436

**New Mailing Address:**

FEI Number: 20-5129227      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

RYSKAMP, PATRICK W  
200 S. ORANGE AVENUE  
SARASOTA, FL 34236      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: KANA R VENTURES, LLLP  
Address: 2040 WHITEFIELD AVE  
City-St-Zip: SARASOTA, FL 34243

Title: MGR ( ) Delete  
Name: HOWELL PALMETTO LAKES PARTNERS, LLC  
Address: 12002 MIRAMAR PARKWAY  
City-St-Zip: HOLLYWOOD, FL 33025

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: K AND R VENTURES, LLLP  
Address: 1226 N TAMIAMI TRAIL STE.301  
City-St-Zip: SARASOTA, FL 34236

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: ROBERT G ROSKAMP      MGR      02/25/2009

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