

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


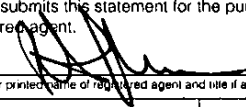
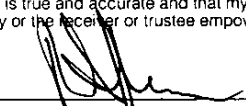
**FILED**  
**Feb 28, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90106 009 \*\*\*138.75

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02252008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000071183					
1. Entity Name TRIAD PROPERTIES II, LC					
Principal Place of Business 1501 SOUTH FLORIDA AVE. LAKELAND, FL 33803			Mailing Address 1501 SOUTH FLORIDA AVE. LAKELAND, FL 33803		
2. Principal Place of Business - No P.O. Box # 1611 Harden Blvd		3. Mailing Address 1611 Harden Blvd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Lakeland FL		City & State Lakeland FL		4. FEI Number 20-5239241	
Zip 33803		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent MUNSON, PETER J 1501 SOUTH FLORIDA AVE. LAKELAND, FL 33803			7. Name and Address of New Registered Agent Name Munson Peter J. Street Address (P.O. Box Number is Not Acceptable) 1611 Harden Blvd City Lakeland FL Zip Code 33803		
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.		Peter J. Munson (NOTE: Registered Agent signature required when reinstating)		2/26/08 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 DRAKE, FRANCIS D 1108 HUNT AVE LAKELAND, FL 33803	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERRING, JERRY J 226 NORTH KENTUCKY AVE LAKELAND, FL 33801	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MUNSON, PETER J 1501 SOUTH FLORIDA AVE LAKELAND, FL 33803	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Munson Peter J. 1611 Harden Blvd. Lakeland FL 33803 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOMLINSON, MACON 1437 OAKLAWN PLACE LAKELAND, FL 33803	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Peter J. Munson MGRM 2/26/08 (863)680-9908 Date Daytime Phone #			