2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# L06000074376

Entity Name: MCPARTNERS II, LLC

Current Principal Place of Business:

101 NATURE WALK PARKWAY
ST AUGUSTINE, FL 32259

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1659
POINTE VEDRA BEACH, FL 32004

New Mailing Address:

FEI Number: 59-3571293 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KUTHAN, BUD
2378 PINE ISLAND CT
JACKSONVILLE, FL 32224 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:	KUTHAN, BUD	
Address:	P.O. BOX 1659	
City-St-Zip:	POINTE VEDRA BEACH, FL 32004	
Title:	MGR	( ) Delete
Name:	KUTHAN, LINDA	
Address:	P.O. BOX 1659	
City-St-Zip:	POINTE VEDRA BEACH, FL 32004	
Title:	MGR	( ) Delete
Name:	PONCE, ROLANDO	
Address:	P.O. BOX 1659	
City-St-Zip:	POINTE VEDRA BEACH, FL 32004	
Title:	MGR	( ) Delete
Name:	IN THIS TOGETHER ENT, ERPRISES, INC.	
Address:	P.O. BOX 1659	
City-St-Zip:	POINTE VEDRA BEACH, FL 32004	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: BUD KUTHAN O 01/14/2009

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