2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# L06000089223

Entity Name: TRILOGY II, L.L.C.

Current Principal Place of Business:

11670 ROSEMOUNT DRIVE
FORT MYERS, FL 33913

New Principal Place of Business:

Current Mailing Address:

11670 ROSEMOUNT DRIVE
FORT MYERS, FL 33913

New Mailing Address:

FEI Number: 20-5529007 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLAHARTY, KRISTEN
11670 ROSEMOUNT DRIVE
FORT MYERS, FL 33913 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: FLAHARTY, KRISTEN
Address: 11670 ROSEMOUNT DRIVE
City-St-Zip: FORT MYERS, FL 33913

ADDITIONS/CHANGES:

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: KRISTEN FLAHARTY MGR 04/28/2009

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