

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000096992

**FILED**  
**Mar 31, 2009**  
**Secretary of State**

**Entity Name:** DESIGN TIMBER II UTILITY, LLC

**Current Principal Place of Business:**

12469 WEST STATE ROAD  
100  
LAKE BUTLER, FL 32054

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 233  
LAKE BUTLER, FL 32054

**New Mailing Address:**

**FEI Number:** 26-2342025

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ROBERT, AVERY C  
12469 WEST STATE ROAD  
100  
LAKE BUTLER, FL 32054 US

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

ROBERT, AVERY C  
12469 WEST STATE ROAD 100  
LAKE BUTLER, FL 32054 US

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:

03/31/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ROBERTS, AVERY C  
Address: 12469 W SR 100  
City-St-Zip: LAKE BUTLER, FL 32054

**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: AVERY C. ROBERTS

MGMR

03/31/2009

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