2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# L07000098613

Entity Name: TRI-LEGACY PROPERTIES II, LLC

Current Principal Place of Business:

423 SCHUBERT DR
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

423 SCHUBERT DR
PENSACOLA, FL 32504

New Mailing Address:

FEI Number: 26-1228870 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NELSON, KATHY E CPA
4771 LIVINGSTON DR
PENSACOLA, FL 32504 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:	MGRM	( ) Delete
Name:	COLELLO, SHARON B	
Address:	423 SCHUBERT DR	
City-St-Zip:	PENSACOLA, FL 32504	
Title:	MGRM	( ) Delete
Name:	PARSONS, BRENDA S	
Address:	350 BIG FOUR RD	
City-St-Zip:	WIGGINS, MS 39577	
Title:	MGR	( ) Delete
Name:	PRICE, THELMA D	
Address:	5389 COUNTY RD 192	
City-St-Zip:	DEFUNIAK SPRINGS, FL 32433	

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:	

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: SHARON COLELLO MGRM 01/09/2009

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