

FILED
May 29, 2008 8:00 am
Secretary of State

03-26-2008 90113 039 ***138.75

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L07000107449			
1. Entity Name TEE PARK II, LLC			
Principal Place of Business 2005 NW 62ND STREET, SUITE 202 C/O SAMUELS BUTTERS FT LAUDERDALE, FL 33309		Mailing Address 2005 NW 62ND STREET, SUITE 202 C/O SAMUELS BUTTERS FT LAUDERDALE, FL 33309	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number Applied For		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LLOYD GARNET, P.A. 2295 NW CORPORATE BLVD, STE. 235 BOCA RATON, FL 33431-7330		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 (NOTE: Registered Agent signature required when renewing) DATE			
FILE NOW!! FEE IS \$138.75 After May 1, 2008 Fee will be \$838.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP Managing Partner Samuel Butters 2005 W. Cypress Creek Road, #202 Ft. Lauderdale, FL 33309	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP Managing Partner Samuel Butters 2005 W. Cypress Creek Road, #202 Ft. Lauderdale, FL 33309	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP Managing Partner Nathan Butters 2005 W. Cypress Creek Road #202 Ft. Lauderdale, FL 33309	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP Managing Partner Nathan Butters 2005 W. Cypress Creek Road #202 Ft. Lauderdale, FL 33309	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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 605, Florida Statutes.			
SIGNATURE: J. BUTTERS		May 29/08 954-771-5086	
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			