

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000107449

FILED
Mar 03, 2009
Secretary of State

Entity Name: TEE PARK II, LLC

Current Principal Place of Business:

2005 NW 62ND STREET, SUITE 202
C/O SAMUELS BUTTERS
FT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

2005 NW 62ND STREET, SUITE 202
C/O SAMUELS BUTTERS
FT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 26-2710194

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LLOYD GARNET, P.A.
2295 NW CORPORATE BLVD, STE. 235
BOCA RATON, FL 334317330 US

Name and Address of New Registered Agent:

BUTTERS, SAMUEL
2005 W. CYPRESS CREEK ROAD, #202
BUTTERS & BUTTERS
FT. LAUDERDALE, FL 33309 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: SAMUEL BUTTERS

03/03/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BUTTERS, SAMUEL
Address: 2005 W CYPRESS CREEK ROAD STE 202
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: MGRM () Delete
Name: BUTTERS, NATHAN
Address: 2005 W CYPRESS CREEK ROAD STE 202
City-St-Zip: FORT LAUDERDALE, FL 33309

ADDITIONS/CHANGES:

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: SAMUEL BUTTERS

MGRM

03/03/2009

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