

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000040075

FILED
Apr 10, 2009
Secretary of State

Entity Name: COLLIER INVESTMENTS II, LLC

Current Principal Place of Business:

4429 GLEN KERNAN PARKWAY EAST
JACKSONVILLE, FL 32224

New Principal Place of Business:

4429 GLEN KERNAN PARKWAY EAST
JACKSONVILLE, FL 32224 US

Current Mailing Address:

4429 GLEN KERNAN PARKWAY EAST
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

A.G.C. CO.
200 SOUTH ORANGE AVE.
SUITE 2300
ORLANDO, FL 32801 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: COLLIER, FRANK R JR.
Address: 4429 GLEN KERNAN PARKWAY EAST
City-St-Zip: JACKSONVILLE, FL 32224

Title: MGR () Delete
Name: COLLIER, KRYSTYN
Address: 4429 GLEN KERNAN PARKWAY EAST
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: COLLIER, FRANK R JR.
Address: 4429 GLEN KERNAN PARKWAY EAST
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: MGR (X) Change () Addition
Name: COLLIER, KRYSTYN
Address: 4429 GLEN KERNAN PARKWAY EAST
City-St-Zip: JACKSONVILLE, FL 32224 US

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: FRANK COLLIER

MGR

04/10/2009

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