2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 15, 2009
Secretary of State

DOCUMENT# L08000058162

Entity Name: ACTUA PARTNERS II, LLC

Current Principal Place of Business:

400 N NEW YORK AVE.
SUITE 103
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

400 N NEW YORK AVE.
SUITE 103
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 90-0392351 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

OGILVIE, CHARLES H JR
400 N NEW YORK AVE
SUITE 103
WINTER PARK, FL 32789 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: OGILVIE, CHARLES H JR
Address: 400 N NEW YORK AVE SUITE 103
City-St-Zip: WINTER PARK, FL 32789

Title: MGR ( ) Delete
Name: ZIOMEK, JANET
Address: 400 N NEW YORK AVE SUITE 103
City-St-Zip: WINTER PARK, FL 32789

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: CHARLES OGILVIE, JR. MGR 06/15/2009

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