

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000075434

FILED
Apr 27, 2009
Secretary of State

Entity Name: EASTERN INVESTMENT PARTNERS II, LLC

Current Principal Place of Business:

224 PONTE VEDRA PARK DRIVE, SUITE 100
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 2995
PONTE VEDRA BEACH, FL 320042995

New Mailing Address:

FEI Number: 26-3178587

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DALE, HOWARD L ESQ.
DALE, BALD, SHOWALTER, MERCIER & GREEN, PA
200 WEST FORSYTH STREET, SUITE 1100
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

MICHAEL, HAGARTY D
224 PONTE VEDRA PARK DRIVE, SUITE 100
PONTE VEDRA BEACH, FL 32082 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: MICHAEL HAGERTY

04/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: CEO () Change (X) Addition
Name: THOMAS, RUEGER E
Address: 224 PONTE VEDRA PARK DRIVE, SUITE 100
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: CFO () Change (X) Addition
Name: MICHAEL, HAGARTY D
Address: 224 PONTE VEDRA PARK DRIVE, SUITE 100
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: MICHAEL HAGARTY

CFO

04/27/2009

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