, ·	MENT # L9900	0000079		(00							2004
1. Entity Name FALCOLN II, LLC						FILED					
								_			
Principal Place of Business Mailing Address						2001 APR 30 AH 10: 36					
20001 SE HAWTHORNE RD HAWTHORNE FL 32640		20001 SE HAWTHORNE RU HAWTHORNE FL 32640				DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA					
2. Principal F	Place of Business	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc. P.O. Box 1088				DO NOT WRITE IN THIS SPACE					
City & Star	te	City & State				4. FEI Number Applied For S9-3560391 Not Applicable				7	
Zip Country		Hawthorne,	ntry		5 Certificate of Status Desired 55.00			5.00 Add	ditional		
	6. Name and Address of Current F	Registered Agent	- Ala	chua		7. Nam	e and Address of New R				_
BUSINESS FILINGS INCORPORATED					Name Street Address (P.O. Box Number is Not Acceptable)						
1000 WEST AVENUE					duress (F.	J, 60X I	iumber is Not Acceptable,	·			_
NO. 1114	: ACH FL 33139-0000		City	<u>-</u>				Zip Cod		4	
The above named entity submits this statement for the purpose of changing its egis					r reciptores	1 agent	or both in the State of Elec	FL	2.000		-
o. The above	Trained entity soonliks this statement for	the purpose or changing it	s egisten	ea amce o	registered	agent,	or both, in the state of Flor	ioa.			
SIGNATURE	Signature, typed to printed name of registered agent at	no title if applicable. (NO	TE Registere	d Agent signat	ture required wh	nen reinstat	ng)	UAIE	<u>.</u>	:	
				FEE IS \$							
		Make Check P	a/ablet	o Depart	ment of	State					
9. TITLE	MANAGING MEMBE	RS/MEMBERS Delete	10. TITLE				ADDITIONS/		☐ Change	☐ Addition] [g
NAME STREET ADDRESS CITY-ST-ZIP	MGR LEDFORD, CHARLES D 20001 SE HAWTHORNE RD	E Book	NAM STRE			•		·			CR2E083 (11/00)
TITLE	HAWTHORNE FL 32640	☐ Delete	TITLE						Change	Addition	188
NAME STREET ADDRESS			NAM STRE	e Et address			600004 2 -05/17 <u>/</u>	2213 (0101	009 <u>0</u>	2)13	
CITY-ST-ZIP TITLE		☐ Delete	CITY	-ST-ZIP			****		****** Change	O. DU Addition	∤ ∤
NAME STREET ADDRESS CITY-ST-ZIP		L Desert	NAM Stre						Originge	Audion	
TITLE		☐ Delete	TITLE		<u> </u>			[Change	Addition	1
NAME STREET ADDRESS CITY-ST-ZIP				e et address -st-zip							
TITLE NAME		☐ Delete	TITLE						Change	Addition]
STREET ADDRESS CITY-ST-ZIP			STRE	ET ADDRESS -ST-ZIP			4	<u></u>			
TITLE Name		☐ Delete	TITLE NAMI				•	[Change	Addition	
STREET ACORESS CITY-ST-ZIP			CITY	ET ADDRESS - ST-ZIP							
11. I hareby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 608, Florida Statutes.											}
SIGNATURE: Charles D. Ledford L. O. Ledford 4/26/01 904-467-8879 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, M. NAGER, OR AUTHORIZED REPRESENTATIVE Date Devicino Priorie Propries											