2008 FOR PROFIT CORPORATION ' ANNUAL REPORT

FILED May 27, 2008 8:00 am Secretary of State 04-29-2008 90094 014 ***150.00

DOCUMENT # P07000065176 1. Entity Name LLOYD REALTY II INC.									04-29	-2008 90	094 014	130.00
Principal Place of Business				Mailing Address					٠.			
2843 KIOWA AVE ORANGE PARK, FL 32065 US				2843 KIOWA AVE ORANGE PARK, FL 32065 US								
2. Principal Place of Business - No P.O. Box #				3. Mailing Address								
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				04162008	Chg-P	CI	R2E034 (12/06)	
City & State			Cit	City & State			4. FEI Number Applied F Not Applied F Not Applied F			pplied For ol Applicable		
Zip	Country		Zip	Zip Cau		iry	5. Certificate of Status Desired			sired	\$8.75 Ad Fee Require	
	6. Name a	and Address of Co	urrent Registe	red Agent		Name		7. Name and	Address of	New Registe	ered Agent	
FARR, GILBERT 2843 KIOWA AVE ORANGE PARK, FL 32065							ddress (P.O. Box Number	is Not Acc	eptable)		
ONNICE PARK, FE SESSO											Zip Coo	
The shows	named entity	e sharite this states	pool for the pur	man of chancing its	ropiolog	City	ranielar	and appeal or both	in the Stat		<u> </u>	
 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. I am lamiliar with, and accept the obligations of registered agent. 												
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent agnature required when reinstating) DATE												
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees												
10.		OFFICERS	S AND DIRECT	ORS	11.				HANGES T	O OFFICERS	AND DIRECTOR	S IN 11
TITLE NAME	P FARR, GILI	BERT		☐ Delete	TILLE		P, 5	T GUBE	UT.		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	2843 KIOW		5		STRE	ET ADDRESS - S1 - ZP	029	R, GILBE 3 KIOWA NGE PARK		3206:	5	
TITLE NAME				Delete	TITLE	I	FRI	N BROWN	DING		Change	Addition
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TITLE				☐ Defete	MILE		UICH	mee TH	<u>u, 1-</u>	- Jak	☐ Change	☐ Addition
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NAME STREET ADDRESS					HAM! STRE	ET ADORESS						
CITY-ST-ZIP						-S1-20P						
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions conteined in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.												nformation or director Block 11 if
SIGNATURE: 4/23/08												