

**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2007**

**FILED**

2007 MAR 22 AM 11:07

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



1st MOORE CR2E003 (10/06)

DOCUMENT # A06000000325 1. Entity Name BROTHERS TWO PRIVATE EQUITY FUND I, LLLP			
Principal Place of Business 5589 OKEECHOBEE BLVD., STE. 102 WEST PALM BEACH FL 33417		Mailing Address 5589 OKEECHOBEE BLVD., STE. 102 WEST PALM BEACH FL 33417	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WHYMAN, MARK A 5589 OKEECHOBEE BLVD., STE. 102 WEST PALM BEACH FL 33417		7. Name and Address of New Registered Agent Name CHARLES - A. SISCA Street Address (P.O. Box Number is Not Acceptable) 5589 OKEECHOBEE BLVD, STE 102 City WEST PALM BEACH FL Zip Code 33417	
8. 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 familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 2-7-07			
<b>FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.</b>			
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P04000091716 BROTHERS TWO MANAGEMENT, CORP. 5589 OKEECHOBEE BLVD., STE. 102 WEST PALM BEACH FL 33417	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	200095248912 03/29/07--01052--016 **550.00
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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes			
SIGNATURE:		Date Daytime Phone #	

STAPLE CHECK HERE