


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)



FILED
 MAR 23 2005 08:00 AM
 Secretary of State

DOCUMENT # L03000044659

1. Entity Name
BROTHERS 2, LLC

Principal Place of Business 384 GERMAIN AVENUE NAPLES FL 34108	Mailing Address 9000 GULF SHORE DR NAPLES FL 34108
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/04)

4. FEI Number **NO-T APPLICABLE** Applied For Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**KETCHUM, SCOTT M ESQ.
692 GOODLETTE ROAD NORTH
NAPLES FL 34102**

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	NAME	Delete		TITLE	NAME	Change	Addition
MGR	VESCI, MARI P	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	384 GERMAIN AVENUE						
CITY-ST-ZIP	NAPLES FL 34108						
TITLE		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
NAME							
STREET ADDRESS							
CITY-ST-ZIP							

U00000358595 Change Addition
 05/04/05-80120-011 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  _____ Date _____ Daytime Phone # _____

SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE