

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000033040

Entity Name: 2-BROTHERS LLC

FILED  
May 09, 2005  
Secretary of State

**Current Principal Place of Business:**

644 W KING ST  
COCOA, FL 32922

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 22917  
GRANT, FL 32949

**New Mailing Address:**

644 W KING ST  
COCOA, FL 32922

FEI Number: 90-0181150      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

PATACER, MARK  
4160 ROSEWOOD AVE.  
VALKARIA, FL 32950      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM      ( ) Delete  
Name: PATACER, ANTHONY  
Address: P.O. BOX 22917  
City-St-Zip: GRANT, FL 32949

Title: MGRM      ( ) Delete  
Name: PATACER, MARK  
Address: P.O. BOX 501381  
City-St-Zip: GRANT, FL 32950

Title: MGRM      ( ) Delete  
Name: PATACER, MARCIA  
Address: P.O. BOX 22917  
City-St-Zip: GRANT, FL 32949

Title: MGRM      ( ) Delete  
Name: PATACER, CERISE  
Address: P.O. BOX 501381  
City-St-Zip: MALABAR, FL 32950

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change ( ) Addition  
Name: PATACER, ANTHONY  
Address: P.O. BOX 331  
City-St-Zip: GRANT, FL 32949

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM      (X) Change ( ) Addition  
Name: PATACER, MARCIA  
Address: P.O. BOX 331  
City-St-Zip: GRANT, FL 32949

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARCIA PATACER

MGRM

05/09/2005

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