

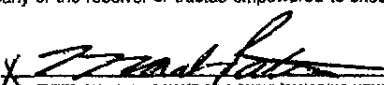


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000033040</b> 1. Entity Name <b>2-BROTHERS LLC</b>			
Principal Place of Business <b>644 W KING ST COCOA, FL 32922</b>		Mailing Address <b>644 W KING ST COCOA, FL 32922</b>	
			
		03032006 No Chg-LLC CR2E083 (11/05)	
		4. FEI Number <b>90-0181150</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>			
<b>PATACER, MARK 4160 ROSEWOOD AVE. VALKARIA, FL 32950</b>			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATACER, ANTHONY P.O. BOX 331 GRANT, FL 32949		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATACER, MARK P.O. BOX 501381 GRANT, FL 32950		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATACER, MARCIA P.O. BOX 331 GRANT, FL 32949		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATACER, CERISE P.O. BOX 501381 MALABAR, FL 32950		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. 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 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.			
<b>SIGNATURE:</b> 		<b>4-28-06</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	