2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2009
Secretary of State

DOCUMENT# L04000033040

Entity Name: 2-BROTHERS LLC

Current Principal Place of Business:

644 W KING ST
COCOA, FL 32922

New Principal Place of Business:

Current Mailing Address:

644 W KING ST
COCOA, FL 32922

New Mailing Address:

FEI Number: 90-0181150 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PATACER, MARCIA MGRM
P.O BOX 158
GRANT, FL 32949 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/MANAGERS:

Title:	MGRM	( ) Delete
Name:	PATACER, ANTHONY	
Address:	P.O. BOX 158	
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 158	
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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 03/16/2009

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