


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 24, 2005 8:00 am
Secretary of State

08-24-2005 90021 026 ****55.00

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1. Entity Name
TWO GIRLS AND A MOP LLC



20067126



08192005 Chg-LLC CR2E083 (10/03)

Principal Place of Business
**1002 FREEPORT COURT
 MARY ESTHER, FL 32569**

Mailing Address
**1002 FREEPORT COURT
 MARY ESTHER, FL 32569**

2. Principal Place of Business
454 Avalon Blvd.

3. Mailing Address
454 Avalon Blvd.

Suits, Apt. #, etc.

City & State
Destin, Florida

City & State
Destin, Florida

Zip
32550

Country
U.S.A.

Zip
32550

Country
U.S.A.

4. FEI Number
63-1217367

Applied For
 NOT APPLICABLE

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

6. Name and Address of Current Registered Agent

**VEITCH, KEVIN T
 1002 FREEPORT COURT
 MARY ESTHER, FL 32569**

7. Name and Address of New Registered Agent

Name
Veitch, Kevin T.

Street Address (P.O. Box Number is Not Acceptable)
454 Avalon Blvd.

City
Destin

FL Zip Code
32550

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)

**Filing Fee is \$50.00
 Due by September 7, 2005**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	WADDELL, LISA C	1002 FREEPORT COURT	MARY ESTHER, FL 32569	<input type="checkbox"/>
MGRM	VEITCH, KEVIN T	1002 FREEPORT COURT	MARY ESTHER, FL 32569	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
MGRM	Waddell, Lisa C.	454 Avalon Blvd.	Destin, Florida 32550	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify 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 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: *Lisa Clinie Waddell* August 19, 2005 (850) 496-3219

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #