

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90015 031 ***138.75



DOCUMENT # L04000090192

1. Entity Name
FLECK HOLDINGS 2 LLC

Principal Place of Business
**10820 WONDER LANE
WINDERMERE FL 34786**

Mailing Address
**10820 WONDER LANE
WINDERMERE FL 34786**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E083 (10/07)

City & State

City & State

4. FEI Number
56-2493578

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLECK, PETER
10820 WONDER LANE
WINDERMERE FL 34786**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE: **MGR** Delete
NAME: **FLECK, PETER**
STREET ADDRESS: **10820 WONDER LANE**
CITY-ST-ZIP: **WINDERMERE FL 34786**

TITLE: **MGRM** Delete
NAME: **FLECK, RICHARD**
STREET ADDRESS: **1843 RAIN TREE LANE**
CITY-ST-ZIP: **VENICE FL 34293**

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

10. ADDITIONS / CHANGES

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Change Addition
NAME:
STREET ADDRESS: **6137 ERICE ST.**
CITY-ST-ZIP: **VENICE, FL 34293**

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Change Addition
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 Section 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.

SIGNATURE:

3/24/08