


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90111 033 ***138.75

DOCUMENT # L07000001887

1. Entity Name
TWO HILLS PROPERTIES, LLC



Principal Place of Business Mailing Address
 6193 SW BALD EAGLE DRIVE 6193 SW BALD EAGLE DRIVE
 PALM CITY, FL 34990 US PALM CITY, FL 34990 US

2. Principal Place of Business - No P.O. Box #
5731 SW BALD EAGLE DR

3. Mailing Address
 Suite, Apt. #, etc.

City & State City & State
PALM CITY, FL

Zip Country Zip Country
34990 USA

01052008 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
20-8190833 Not Applicable

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

6. Name and Address of Current Registered Agent

DUNGEY, RICHARD J
 3473 SE WILLOUGHBY BOULEVARD
 STUART, FL 34994

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) 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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEMEO, SUSAN P.O. BOX 912 PALM CITY, FL 34991	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Susan DeMeo* **SUSAN DeMeo** *4/1/08* **772-287-7989**

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