

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000065420

Entity Name: AAK WELL-TWO, LLC

FILED
Apr 22, 2009
Secretary of State

Current Principal Place of Business:

96 NE 5TH AVENUE
DELRAY BEACH, FL 33483

New Principal Place of Business:

321 CROTON WAY
WEST PALM BEACH, FL 33401

Current Mailing Address:

96 NE 5TH AVENUE
DELRAY BEACH, FL 33483

New Mailing Address:

321 CROTON WAY
WEST PALM BEACH, FL 33401

FEI Number: 26-2960179

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DANIEL, OSBORNE
96 NE 5TH AVENUE
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

DANIEL, OSBORNE L
321 CROTON WAY
WEST PALM BEACH, FL 33401 US

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: DANIEL L. OSBORNE

04/22/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DANIEL, OSBORNE
Address: 96 NE 5TH AVENUE
City-St-Zip: DELRAY BEACH, FL 33483

Title: M () Delete
Name: CYNTHIA, OSBORNE
Address: 96 NE 5TH AVENUE
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DANIEL, OSBORNE L
Address: 321 CROTON WAY
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGRM (X) Change () Addition
Name: CYNTHIA, OSBORNE
Address: 321 CROTON WAY
City-St-Zip: WEST PALM BEACH, FL 33401

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: DANIEL L. OSBORNE

MGRM

04/22/2009

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