2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90081 023 ****50.00

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1. Entity Name
LORSON TWO, LLC

Principal Place of Business	Mailing Address
1820 N. CORPORATE LAKES BLVD. SUITE ~~202~~ 206 WESTON, FL 33326 US	1820 N. CORPORATE LAKES BLVD. SUITE ~~202~~ 206 WESTON, FL 33326 US

04252005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
14-1846933
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LORENZO, JOSE E MR.
833 REGAL COVE RD.
WESTON, FL 33326

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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 reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	L & L CONSULTANTS & INVESTMENTS, CORP.
STREET ADDRESS	833 REGAL COVE RD.
CITY-ST-ZIP	WESTON, FL 33326
TITLE	MGRM
NAME	ACECON CONSTRUCTION, CORP.
STREET ADDRESS	1820 N. CORPORATE LAKES BLVD. # 202
CITY-ST-ZIP	WESTON, FL 33326
TITLE	MGRM
NAME	AGUACLARA ENTERPRISES, CORP.
STREET ADDRESS	2899 COLLINS AVE. PH-L
CITY-ST-ZIP	MIAMI BEACH, FL 33326
TITLE	MGRM
NAME	MARCOS, LLOREDA MR.
STREET ADDRESS	AV.VENEZUELA, EDF.CENTURIA, OF.9A,EL ROSAL
CITY-ST-ZIP	CARACAS, DF 1060
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 04/22/2005 954 217 8616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #