2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# L06000107985

Entity Name: AMIT & SHAWN #2, LLC

Current Principal Place of Business:

4221 SW 101 AVE
DAVIE, FL 33328

New Principal Place of Business:

Current Mailing Address:

4221 SW 101 AVE
DAVIE, FL 33328

New Mailing Address:

FEI Number: 20-8284893 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLACK FISHER, P.A.
2691 E. OAKLAND PARK BLVD
SUITE 402
FT LAUDERDALE, FL 33306 US

Name and Address of New Registered Agent:

WILLIAM R. BLACK
1700 NE 26TH STREET
WILTON MANORS, FL 33305 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: WILLIAM R. BLACK 01/26/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: AMIT & SHAWN LIMITED, PARTNERSHIP
Address: 4221 SW 101 AVE
City-St-Zip: DAVIE, FL 33328

Title: MR ( ) Delete
Name: KAPERSAUD, KUMAR
Address: 4221 SW101 AVE
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: KUMAR KAPERSAUD MR 01/26/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date