2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# L94000000008

Entity Name: M. G. LARRK TWO, L.C.

Current Principal Place of Business:

1441 BRICKELL AVE
., SUITE 1430
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

1441 BRICKELL AVE.,
SUITE 1430
MIAMI, FL 33131 US

New Mailing Address:

FEI Number: 65-0568689 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KRONGOLD, M. RONALD
1441 BRICKELL AVE.,
SUITE 1430
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: KRONGOLD, M. RONALD
Address: 1441 BRICKELL AVE., SUITE 1430
City-St-Zip: MIAMI, FL 33131 US

Title: MGRM ( ) Delete
Name: KRONGOLD, GLENDA
Address: 1441 BRICKELL AVE., SUITE 1430
City-St-Zip: MIAMI, FL 33131 US

Title: MGRM ( ) Delete
Name: KRONGOLD, RANDI M
Address: 1441 BRICKELL AVE., SUITE 1430
City-St-Zip: MIAMI, FL 33131 US

ADDITIONS/CHANGES:

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

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: M. RONALD KRONGOLD MGR 04/20/2009

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