

2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007

DOCUMENT # A06000000325

1. Entity Name

BROTHERS TWO PRIVATE EQUITY FUND I, LLLP



FILED

2007 MAR 22 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE

CR2E003 (10/06)

Principal Place of Business Mailing Address
5589 OKEECHOBEE BLVD., STE. 102 5589 OKEECHOBEE BLVD., STE. 102
WEST PALM BEACH FL 33417 WEST PALM BEACH FL 33417

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHYMAN, MARK A
5589 OKEECHOBEE BLVD., STE. 102
WEST PALM BEACH FL 33417

Name

CHARLES - A. SISCA

Street Address (P.O. Box Number is Not Acceptable)

5589 OKEECHOBEE BLVD, STE 102

City

WEST PALM BEACH

FL

Zip Code

33417

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.

DATE

2-7-07

FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P04000091716
NAME BROTHERS TWO MANAGEMENT, CORP.
STREET ADDRESS 5589 OKEECHOBEE BLVD., STE. 102
CITY-ST-ZIP WEST PALM BEACH FL 33417

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE