

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90373 045 ****50.00

20053693



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| DOCUMENT # L00000009948 | | |
| 1. Entity Name R TWO SENSE, LLC | | |

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|---|---|
| Principal Place of Business 3111 STIRLING ROAD, SUITE C-303 FT LAUDERDALE, FL 33312 | Mailing Address 3111 STIRLING ROAD, SUITE C-303 FT LAUDERDALE, FL 33312 |
|---|---|

| | |
|--|------------------------------------|
| 2. Principal Place of Business 1744 Main St | 3. Mailing Address 1744 Main St |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|----------------------------|----------------------------|
| City & State Weston, FL | City & State Weston, FL |
| Zip 33326 | Country USA |

04152005 Chg-LLC CR2E083 (10/03)

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| 4. FEI Number 65-1041061 | Applied For <input type="checkbox"/> Not Applicable |
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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent MOSKOWITZ, LARRY 3111 STIRLING ROAD, SUITE C-303 FT LAUDERDALE, FL 33312 | |
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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | FL Zip Code |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| Filing Fee is \$50.00 Due by May 1, 2005 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MOSKOWITZ, LARRY 3111 STIRLING RD. FT. LAUDERDALE, FL 33312 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Moskowitz, Larry 3111 Stirling Rd Suite C-303 Ft Lauderdale, FL 33312 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MILLER, SHANON 3111 STIRLING RD. FT. LAUDERDALE, FL 33312 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Miller, Shannon 1744 Main St Weston, FL 33326 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Shannon Miller **4/27/05** **954-349-2102**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #