

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

**FILED
Apr 16, 2007 08:00 AM
Secretary of State**

DOCUMENT # L02000017515
1. Entity Name
F.R.B. TWO, LLC



Principal Place of Business: 5709 N. OCEAN BOULEVARD, OCEAN RIDGE FL 33435, US
Mailing Address: 5709 N. OCEAN BOULEVARD, OCEAN RIDGE FL 33435, US



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

1st MOORE CR2E083 (10/06)

6. Name and Address of Current Registered Agent
KIRK GRANTHAM, P.A.
1860 FOREST HILL BOULEVARD
105
WEST PALM BEACH FL 33435

4. FEI Number: 55-0835465
Applied For: Not Applicable

5. Certificate of Status Desired: \$5.00 Additional Fee Required

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGRM NAME: BERNHEIM, FRED STREET ADDRESS: 5709 N. OCEAN BOULEVARD CITY-ST-ZIP: OCEAN RIDGE FL 33435	<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 UD0000712137 04/26/07-80015-021 50.00
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: Fred Bernheim
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #