

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000026058

Entity Name: SMOKE TWO, LLC

**FILED**  
**Jan 17, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

991-997 SW LEJEUNE ROAD  
MIAMI, FL 33149

**New Principal Place of Business:**

550 N. MASHTA DRIVE  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

991-997 SW LEJEUNE ROAD  
MIAMI, FL 33149

**New Mailing Address:**

550 N. MASHTA DRIVE  
KEY BISCAYNE, FL 33149

FEI Number: 12-3381793

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ELFMONT, ANDREW D  
550 N MOSHTON DR  
KEY BISCAYNE, FL 33149 US

**Name and Address of New Registered Agent:**

ELFMONT, ANDREW D  
550 N MASHTA DRIVE  
KEY BISCAYNE, FL 33149 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: ANDREW DALE ELFMONT

01/17/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: ELFMONT, ANDREW  
Address: 1001 SW LE JUENE RD #400  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANDREW DALE ELFMONT

MGR

01/17/2005

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