


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000030464 1. Entity Name BROTHERS TWO, L.L.C.	
---	---



Principal Place of Business 5589 OKEECHOBEE BLVD SUITE 102 WEST PALM BEACH FL 33417	Mailing Address 5589 OKEECHOBEE BLVD SUITE 102 WEST PALM BEACH FL 33417
---	---

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

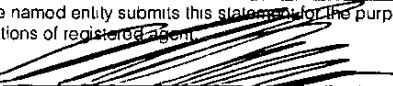
1st MOORE CR2E083 (10/06)

City & State Zip Country	City & State Zip Country	4. FEI Number 13-4220907	Applied For <input type="checkbox"/> Not Applicable
---------------------------------	---------------------------------	------------------------------------	--

6. Name and Address of Current Registered Agent SISCA, CHARLES MR 5589 OKEECHOBEE BLVD SUITE 102 WEST PALM BEACH FL 33417	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
---	---

5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required

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 terminating) DATE

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	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SISCA, CHARLES	NAME	
STREET ADDRESS	5589 OKEECHOBEE BLVD, SUITE 102	STREET ADDRESS	U00000632206
CITY-ST-ZIP	WEST PALM BEACH FL 33417	CITY-ST-ZIP	02/21/07-80014-004 50.00
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SISCA, JOSEPH J	NAME	
STREET ADDRESS	5589 OKEECHOBEE BLVD, SUITE 102	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-07-07

Date

Daytime Phone #