

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000030464

Entity Name: BROTHERS TWO, L.L.C.

**FILED**  
**Mar 03, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

5589 OKEECHOBEE BLVD  
SUITE 102  
WEST PALM BEACH, FL 33417

**New Principal Place of Business:**

**Current Mailing Address:**

5589 OKEECHOBEE BLVD  
SUITE 102  
WEST PALM BEACH, FL 33417

**New Mailing Address:**

FEI Number: 13-4220907

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SISCA, CHARLES MR  
5589 OKEECHOBEE BLVD  
SUITE 102  
WEST PALM BEACH, FL 33417 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SISCA, CHARLES  
Address: 5589 OKEECHOBEE BLVD, SUITE 102  
City-St-Zip: WEST PALM BEACH, FL 33417

Title: MGR  
Name: SISCA, JOSEPH J  
Address: 5589 OKEECHOBEE BLVD, SUITE 102  
City-St-Zip: WEST PALM BEACH, FL 33417

I hereby 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: CHARLES SISCA

MGR

03/03/2010

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