

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
4 Apr 22, 2005 8:00 am
Secretary of State

04-06-2005 90025 040 ****50.00

DOCUMENT # L03000008262

1. Entity Name
TWO MARKS INVESTMENTS, LLC



Principal Place of Business
**2001 SW 20TH STREET, SUITE 102
 FORT LAUDERDALE, FL 33315**

Mailing Address
**2001 SW 20TH STREET, SUITE 102
 FORT LAUDERDALE, FL 33315**

DO NOT WRITE IN THIS SPACE

30004010



01252005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 84-1619435	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SCHNEIDER, WALTER B.
 1401 EAST BROWARD BLVD., SUITE 200
 FORT LAUDERDALE, FL 33301**

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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 reappointing)

**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRATT, MARK 2001 SW 20TH STREET, SUITE 102 FORT LAUDERDALE, FL 33315
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEBER, MARK 2001 SW 20TH STREET, SUITE 102 FORT LAUDERDALE, FL 33315
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 808, Florida Statutes.

SIGNATURE: *Mark Pratt* **4/19/05 954-713-0341**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #