


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
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	
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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
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DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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.

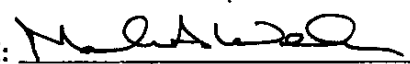
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____

**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
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IN THIS SPACE**

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 608, Florida Statutes.

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