## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 09, 2004 8:00 am Secretary of State

1. Entity Name TWO B'S WITH TWO A'S, LLC			07-09-2004 9	00091 003 ****5	
Principal Place of Business  213 THE ESPLANADE SOUTH  VENICE, FL 34285 US  Address  213 THE ESPLANADE SOUTH  VENICE, FL 34285 US			18 C 30		
Principal Place of Business     3. Mailing Address					
Suite, Apt. #, etc. Suite, Apt. #, etc.			07062004 Chg-LLC	CR2E083 (10/03)	
City & State	City & State		4. FEI Number 20-0375695	<del></del>	oplied For ot Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired	S5.00 Add	litional d
6. Name and Address of Cun	ent Registered Agent		7. Name and Address of New Regi	stered Agent	
BETTERTON, GREG A 981 RIDGEWOOD AVE. SUITE 101 VENICE, FL 34285		Street Address	(P.O. Box Number is Not Acceptable)	ACHETA-	
			MICE	FL Zip Code	°285
8. The above named entity submits this statement the obligations of registered agent.  SIGNATURE  Signature, typed or printed harhe of registered of the printed harhe of registered of the printed harhe of the printed harhed of the pr	nel of Parko	istered office or registe	red agent, or both, in the State of Florida d when renatating)	a. I am familiar with,  7/6/04  DATE  theck payable to epartment of State	and accept
and the first of the second of		10. 4			
TITLE MGRM NAME HOLIC, PAM STREET ADDRESS 636 APALACHICOLA ROAD CITY-ST-ZIP VENICE, FL 34285	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
ITILE MGRMA PACHOTA, MICHAEL STREET ADDRESS 213 THE ESPLANADE SOUT CITY-ST-ZIP VENICE, FL 34285	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Deliste	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS — CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Change	☐ Addition
TITLE	☐ Delete	TITLE		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	enso i en esta en	NAME STREET ADDRESS CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·
11. I hereby certify that the information supplied indicated on this report is true and accurate limited liability company or the receiver or true.  SIGNATURE:	and that my signature shall have the ustee empowered to execute this rep	same legal effect as if r	made under oath; that I am a managing oter 608, Florida Statutes.	rither certify that the in member or manage	er of the