

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 06, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000042843**

1. Entity Name  
 TWO B'S WITH TWO A'S, LLC



Principal Place of Business      Mailing Address  
 213 THE ESPLANADE SOUTH      213 THE ESPLANADE SOUTH  
 VENICE, FL 34285 US              VENICE, FL 34285 US

**DO NOT WRITE IN THIS SPACE**



03012005 No Chg-LLC      CR2E083 (10/03)

4. FEI Number 20-0375695	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

PACHOTA, MICHAEL V  
 213 THE ESPLANADE SOUTH  
 VENICE, FL 34285

**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: Michael V Pachota      DATE: \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HOLIC, PAM 636 APALACHICOLA ROAD VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PACHOTA, MICHAEL 213 THE ESPLANADE SOUTH VENICE, FL 34285
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 04/06/05-80044-008 50.00

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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 608, Florida Statutes.

SIGNATURE: Michael V Pachota      MICHAEL V PACHOTA      4/3/05      941-223-9053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #