2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mar 07, 2007 08:00 AM Secretary of State **DOCUMENT # L03000044347** JUST THE TWO OF US, LLC Principal Place of Business Mailing Address 906 SW 4TH PLACE 906 SW 4TH PLACE CAPE CORAL, FL 33991 CAPE CORAL, FL 33991 02172007 No Chg-LLC CR2E083 (11/05) Applied For 4. FEI Number 38-3692065 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HAM, LAWRENCE 906 SW 4TH PLACE CAPE CORAL, FL 33991 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE HAM, LAWRENCE NAME STREET ADDRESS 906 SW 4TH PLACE CITY-ST-ZIP CAPE CORAL, FL 33991 TITLE 000000658162 03/15/07-80028-002 50.00 HAM, DIANE 906 SW 4TH PLACE STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33991 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

FILED

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

CITY-ST-ZIP

SIGNATURE: Jaw S. Ham Lawrence E. HAM March 4,2007 239-574-4550
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Dayline Prome #