2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2005 8:00 am
Secretary of State
04-08-2005 90281 014 ****50.00

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1. Entity Name
TWO BLUE CANDLE CO., L.L.C.

Principal Place of Business	Mailing Address
1760 SW 24TH AVENUE MIAMI, FL 33145	1760 SW 24TH AVENUE MIAMI, FL 33145

2. Principal Place of Business	3. Mailing Address
706 Commodore Drive	PO Box 550222
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Plantation, FL	City & State: Ft. Lauderdale, FL
Zip: 33325 Country: Broward	Zip: 33355 Country: Broward

02162005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-2980954 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LAYNE, KATHLEEN QUINN 1760 SW 24TH AVENUE MIAMI, FL 33145	Name Street Address (P.O. Box Number is Not Acceptable): 706 Commodore Drive City: Plantation FL Zip Code: 33325

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: Kathleen Quinn Layne DATE: 4-5-05
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LAYNE, KATHLEEN QUINN 1760 SW 24TH AVENUE MIAMI, FL 33145	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Layne, Kathleen Quinn 706 Commodore Drive Plantation, FL 33325
				☒ Change ☐ Addition (Address only)
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition

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: Kathleen Quinn Layne 4-5-05 786-301-3371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #