


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000010514 1. Entity Name SUITE TWO, L.L.C.	
-----------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 127 PALAFOX PLACE, SUITE 100 PENSACOLA, FL 32502-5629	Mailing Address P.O. BOX 1188 ALBERTVILLE, AL 35950
-----------------------------------------------------------------------------------------	-----------------------------------------------------------

DO NOT WRITE IN THIS SPACE



02152007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0730594	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 LINNE, WILLIAM V 127 PALAFOX PLACE, SUITE 100 PENSACOLA, FL 32502-5629

**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 _____ 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, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROWE, JR, GERALD R P.O. BOX 1188 ALBERTVILLE, AL 35950
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 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000641049
02/28/07-80091-007 50.00

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE: *Gerald R. Rowe, Jr* **GERALD R. ROWE, JR** *2/15/07* **256-878-5548**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #