


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008 08:00 A
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



03252008 No Chg-LLC CR2E083 (12/07)

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000874522
 04/10/08-80122-005 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROWE, JR, GERALD R P.O. BOX 1188 ALBERTVILLE, AL 35950
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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** *3/26/08* **256-878-5548**

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