

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000016530

Entity Name: PARK AVE. BROS. TWO, LLC

FILED  
Apr 24, 2009  
Secretary of State

## Current Principal Place of Business:

11 ANTILLA AVENUE, SUITE A  
CORAL GABLES, FL 33134

## New Principal Place of Business:

1245 NE 3 RD AVE  
#1  
FORT LAUDERDALE, FL 33304

## Current Mailing Address:

11 ANTILLA AVENUE, SUITE A  
CORAL GABLES, FL 33134

## New Mailing Address:

1245 NE 3 RD AVE  
#1  
FORT LAUDERDALE, FL 33304

FEI Number: 42-1659554

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ANDOLINA, JOSEEPH  
11 ANTILLA AVE #A  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

ANDOLINA, JOSEEPH  
1245 NE 3RD AVE  
FORT LAUDERDALE, FL 33304 US

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.

SIGNATURE: MONTI K. BYRD

04/24/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: ANDOLINA, JOSEPH  
Address: 11 ANTILLA AVENUE, SUITE A  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete  
Name: BYRD, MONTI K  
Address: 11 ANTILLA AVENUE, SUITE A  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MONTI K BYRD

MGR

04/24/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date