

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000040270

FILED  
Jul 09, 2005  
Secretary of State

**Entity Name:** TWO EGG ENTERPRISES, LLC

**Current Principal Place of Business:**

931 S.W. 8TH LANE  
GAINESVILLE, FL 32601

**New Principal Place of Business:**

17 N.E. 12 AVENUE  
GAINESVILLE, FL 32601

**Current Mailing Address:**

931 S.W. 8TH LANE  
GAINESVILLE, FL 32601

**New Mailing Address:**

**FEI Number:** 51-0456711      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

LOWE, ANN  
931 S.W. 8TH LANE  
GAINESVILLE, FL 32601      US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR      ( ) Delete  
**Name:** LOWE, MARTINE  
**Address:** 914 N.E. 10TH AVENUE  
**City-St-Zip:** GAINESVILLE, FL 32601

**ADDITIONS/CHANGES:**

**Title:** MS      (X) Change ( ) Addition  
**Name:** LOWE, MARTINE  
**Address:** 914 N.E. 10TH AVENUE  
**City-St-Zip:** GAINESVILLE, FL 32601

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARTINE LOWE

MS

07/09/2005

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