

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000057676

FILED
Jun 20, 2005
Secretary of State

Entity Name: TWO PROPERTY HOLDINGS, LLC

Current Principal Place of Business:

405 NE 2ND AVE
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

405 NE 2ND AVE
HALLANDALE, FL 33009

New Mailing Address:

FEI Number: FEI Number Applied For (X) 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:

Name and Address of New Registered Agent:

H ELLIOTT GREENE & ASSOCIATES, P.A.
902 CLINT MOORE RD
132
BOCA RATON, FL 33487 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: VAHNISH, MORRIS
Address: 19428 NE 17TH AVE
City-St-Zip: NO MIAMI BEACH, FL 33179

Title: MGR () Delete
Name: VAHNISH, TAMMY
Address: 19428 NE 17TH AVE
City-St-Zip: NO MIAMI BEACH, FL 33179

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: VAHNISH, MORRIS
Address: 405 NE 2ND AVE
City-St-Zip: HALLADNALE, FL 33009

Title: MGR (X) Change () Addition
Name: VAHNISH, TAMMY
Address: 405 NE 2ND AVE
City-St-Zip: HALLANDLE, FL 33009

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: MORRIS VAHNISH

MGM

06/20/2005

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