


9 FL Dept of St.

2005 LIMITED LIABILITY COMPANY  
AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUL 22 AM 10: 05

<b>DOCUMENT # L04000066553</b>			
1. Entity Name AUSTIN JOINT VENTURE TWO, LLC			
Principal Place of Business 1211 NORTH WESTSHORE BOULEVARD, SUITE 700 TAMPA, FL 33607		Mailing Address 1211 NORTH WESTSHORE BOULEVARD, SUITE 700 TAMPA, FL 33607	
2. Principal Place of Business 1211 NO. WESTSHORE BLVD		3. Mailing Address SAME	
Suite, Apt. #, etc. 700		Suite, Apt. #, etc.	
City & State TAMPA, FL		City & State	
Zip 33607	Country HULLSBOUGH	Zip	Country
6. Name and Address of Current Registered Agent AUSTIN, ALFRED S 1211 NORTH WESTSHORE BOULEVARD, SUITE 700 TAMPA, FL 33607		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>Alfred S. Austin</u> ALFRED S. AUSTIN - MANAGER 6/30/05 Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Amended AR is \$50.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR AUSTIN, ALFRED S 1211 NO. WESTSHORE BLVD, SUITE 700 TAMPA, FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Ronald L. Ellett</u> RONALD L. ELLETT 6/30/05 813-289-3886 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	