

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000067364

FILED  
May 01, 2007  
Secretary of State

Entity Name: INN-TWO REAL ESTATE, LLC

**Current Principal Place of Business:**

442 SANDY KEY  
MELBOURNE BEACH, FL 32951

**New Principal Place of Business:**

**Current Mailing Address:**

442 SANDY KEY  
MELBOURNE BEACH, FL 32951

**New Mailing Address:**

FEI Number: 20-1504047      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:**

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

NICHOLSON, CAROL  
442 SANDY KEY  
MELBOURNE BEACH, FL 32951      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: MGRM ( ) Delete  
Name: NICHOLSON, CAROL  
Address: 442 SANDY KEY  
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: MGRM ( ) Delete  
Name: KENNY, EDWARD P  
Address: 442 SANDY KEY  
City-St-Zip: MELBOURNE BEACH, FL 32951

**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: EDWARD P KENNY

MGRM

05/01/2007

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