

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90013 011 ****50.00

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03022006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L04000068090					
1. Entity Name MESQUITA TWO, LLC					
Principal Place of Business 22672 PICKEREL CIRCLE BOCA RATON, FL 33428 US			Mailing Address 22672 PICKEREL CIRCLE BOCA RATON, FL 33428 US		
2. Principal Place of Business 23038 Sandalfoot Plaza Dr.			3. Mailing Address 23038 Sandalfoot Plaza Dr.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Boca Raton, FL.			City & State Boca Raton, FL.		
Zip 33428		Country U.S.A.		4. FEI Number 20-2651714	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MESQUITA, MARIO 22672 PICKEREL CIRCLE BOCA RATON, FL 33428			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 21722 FAIR RIVER Dr. City Boca Raton FL Zip Code 33428		
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>MARIO MESQUITA</u> DATE: <u>4-26-06</u> (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MESQUITA, MARIO 22672 PICKEREL CIRCLE BOCA RATON, FL 33428	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM. MESQUITA, MARIO 21722 FAIR RIVER DRIVE BOCA RATON, FL 33428	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARLINI, NATASHA 22672 PICKEREL CIRCLE BOCA RATON, FL 33428	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARLINI, NATASHA 21722 FAIR RIVER DRIVE BOCA RATON, FL 33428	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: MARIO MESQUITA DATE: 4-26-06 (SG) 305-4664
SIGNATURE, TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #