

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000079044

Entity Name: TWO B PROPERTIES LLC

FILED  
Jan 25, 2006  
Secretary of State

**Current Principal Place of Business:**

6204 NIMES CT.  
LUTZ, FL 335582806

**New Principal Place of Business:**

**Current Mailing Address:**

6204 NIMES CT.  
LUTZ, FL 335582806

**New Mailing Address:**

FEI Number: 36-4563526

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALAYON, ROBERTO  
6204 NIMES CT  
LUTZ, FL 335582806 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: MGRM ( ) Delete  
Name: MUELLER, ROBERT  
Address: 936 PINELLAS BAYWAY, UNIT TH6  
City-St-Zip: TIERRA VERDE, FL 33715

Title: MGRM ( ) Delete  
Name: ALAYON, KAREN  
Address: 6204 NIMES CT  
City-St-Zip: LUTZ, FL 335582806

Title: MGRM ( ) Delete  
Name: ALAYON, ROBERTO  
Address: 6204 NIMES CT  
City-St-Zip: LUTZ, FL 335582806

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: KAREN ALAYON

MGM

01/25/2006

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