

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90039 032 ****50.00

DOCUMENT # L04000080140					
1. Entity Name TWO HO REALTY L.L.C.					
Principal Place of Business 5601 COLLINS AVENUE SUITE 410 MIAMI BEACH, FL 33140			Mailing Address 55 N.W. 15TH STREET APT. 31-E MIAMI, FL 33132		
2. Principal Place of Business		3. Mailing Address 555 NE 15 street 31 E			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Miami FL		4. FEI Number 20-3611125	
Zip		Country		Zip 33132	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent COHEN & GREENBERG, L.L.C. 1792 BELL TOWER LANE WESTON, FL 33326			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
State			State		
Zip Code			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 _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MARCH, SHARON 55 N.E. 15TH STREET, APT. 31-E MIAMI, FL 33132				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GARRETT, SUSAN 91 N.E. 91ST STREET MIAMI SHORES, FL 33139				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]				
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]				
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: _____ Sharon March					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date					
Daytime Phone #					