

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000094103

1. Entity Name
DISCOV TWO, LLC



Principal Place of Business
**1350 E. NEWPORT CENTER DRIVE STE 206
DEERFIELD BEACH, FL 33442**

Mailing Address
**1350 E. NEWPORT CENTER DRIVE STE 206
DEERFIELD BEACH, FL 33442**



04212006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2097054

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**KAY, JAMES R
KAY LAW OFFICES
700 VILLAGE SQUARE CROSSING STE 12B
PALM BEACH GARDENS, FL 33410**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

000000541020
05/10/06-80040-023 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	VOELKEL, MARKUS
STREET ADDRESS	HOCHSTASSE 12 D-4787
CITY-ST-ZIP	WILlich SCHIEFBahn GERMANY,
TITLE	MGR
NAME	ACKERMANS-MEYNEN, UTA
STREET ADDRESS	HOCHSTASSE 12 D-4787
CITY-ST-ZIP	WILlich SCHIEFBahn GERMANY,
TITLE	MGR
NAME	REIBLING, GUENTHER
STREET ADDRESS	1350 E NEWPORT CENTER DR STE 206
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	MGR
NAME	KASSOF, LINDA
STREET ADDRESS	1350 E NEWPORT CENTER DR STE 206
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	MGR
NAME	MCFADDEN, JEFF K
STREET ADDRESS	1560 ORANGE AVENUE STE 610
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Linda G. Kassof

04/27/2006

(954) 428-4585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #