

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000094103

1. Entity Name
DISCOVTWO, 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



01032007 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, 2007**

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	

U00000678997
04/03/07-80020-020 55.00

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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 Kassof

3-22-07

954 428-4585

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

Date

Daytime Phone #