

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2008 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



01072008No Chg-LLC

CR2E083 (12/07)

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

UD00000831845
02/27/08-80036-004 143.75

9. MANAGING MEMBERS/MANAGERS

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

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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:

Indar J

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

14 Feb 2008 954-428-4585

Date

Daytime Phone #