
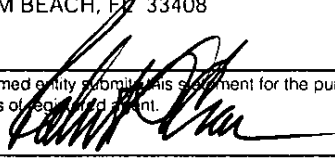
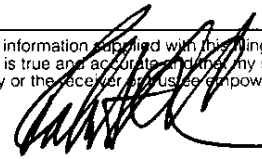


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90223 050 ***138.75

DOCUMENT # L05000004291					
1. Entity Name HALDICK ENTERPRISES TWO, LLC					
Principal Place of Business 6300 OLIVEWOOD CIRCLE GREENACRES, FL 33463			Mailing Address 6300 OLIVEWOOD CIRCLE GREENACRES, FL 33463		
2. Principal Place of Business - No P.O. Box # 5589 Okeechobee Blvd.		3. Mailing Address 5589 Okeechobee Blvd.			
Suite, Apt. #, etc. Suite 102		Suite, Apt. #, etc. Suite 102			
City & State West Palm Beach, FL		City & State West Palm Beach, FL		4. FEI Number 20-2159605	
Zip 33417		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HILLEY & WYANT-CORTEZ, P.A. 860 US HIGHWAY ONE SUITE 108 NORTH PALM BEACH, FL 33408			Name Casey Ciklin Lubitz Martens & O'Connell Street Address (P.O. Box Number is Not Acceptable) c/o Robert L. Crane, Esq. 515 N. Flagler Drive, 18th Floor City West Palm Beach, FL Zip Code 33401		
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 registration agent.					
SIGNATURE 			ROBERT L. CRANE, ESQ.		DATE 4-3-08
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			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MRG HALDICK ENTERPRISES, INC. 6300 OLIVEWOOD CIRCLE GREENACRES, FL 33463	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Charles A. Sisca 5589 Okeechobee Blvd. Suite 102 West Palm Beach, FL 33417	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			ROBERT L. CRANE, ESQ. ATTORNEY		DATE 4/3/08 561-820-0368
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #