

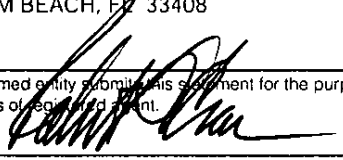
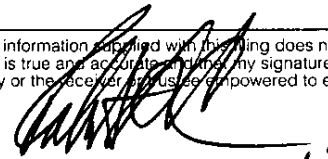


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-07-2008 90223 050 ***138.75

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|--|---|--|---|---|--|
| 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 | | 04022008 Chg-LLC CR2E083 (12/06) | |
| 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 HILLEY & WYANT-CORTEZ, P.A. 860 US HIGHWAY ONE SUITE 108 NORTH PALM BEACH, FL 33408 | | | 7. Name and Address of New Registered Agent 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 registered agent. <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> SIGNATURE  </div> <div style="width: 40%; text-align: center;"> ROBERT L. CRANE, ESQ. </div> <div style="width: 25%; text-align: right;"> 4-3-08 DATE </div> </div> | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 </div> <div style="width: 40%; text-align: center;"> (NOTE: Registered Agent signature required when reinstating) </div> <div style="width: 25%; text-align: right;"> Make check payable to Florida Department of State </div> </div> | | | | | |
| 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 |
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| 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. | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> SIGNATURE:  </div> <div style="width: 40%; text-align: center;"> ROBERT L. CRANE, ESQ. ATTORNEY </div> <div style="width: 25%; text-align: right;"> 4/3/08 561-820-0368 Date Daytime Phone # </div> </div> | | | | | |