

**AMERICA 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

05-13-2008 90066 028 \*\*\*138.75  
L05000004291

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JUN -2 PH 12: 38



1st MOORE CR2E083 (10/07)

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. STE 102 FL		Suite, Apt. #, etc. STE 102	
City & State WEST PALM BEACH		City & State WEST PALM BEACH, FL	
Zip 33417		Country USA	
4. FEI Number 20-2159605		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <del>HILLEY &amp; WYANT-CORTEZ, P.A. 860 US HIGHWAY ONE SUITE 108 NORTH PALM BEACH FL 33408</del>		7. Name and Address of New Registered Agent Name ROBERT L. CRAVE Street Address (P.O. Box Number is Not Acceptable) 515 N. FLAGLER DR. 19th FLOOR City WEST PALM BEACH FL Zip Code 33411	
8. The above named entity submits this statement of fees 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 		DATE 4/2/08	
<p><b>FILE NOW!!! FEE IS \$138.75</b>  <b>After May 1, 2008, Fee Will Be \$538.75</b>  <b>Make Check Payable to Florida Department of State</b></p>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MRG	NAME HALDICK ENTERPRISES, INC.	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS 6300 OLIVEWOOD CIRCLE	CITY-ST-ZIP GREENACRES FL 33463		
TITLE	NAME	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 transferee thereof to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		DATE 4/2/08 561-686-8545	
<p><small>SIGNATURE AND TYPED OR PRINTED NAME OF SERVING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small></p>			

B. Zardock JUN 02 2008