## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Apr 20, 2006 8:00 am Secretary of State **DOCUMENT # L05000008198** 04-20-2006 90035 026 \*\*\*\*50.00 1. Entity Name TWO HACKS, L.L.C. Principal Place of Business Mailing Address ZUUUV 412 PLANTATION ROAD 412 PLANTATION ROAD TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32303 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03302006 Chg-LLC CR2E083 (11/05) City & State City & State Applied For 4. FFI Number 20-2229145 Not Applicable Zip Country Zlp Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOLDBERG, STUART E Street Address (P.O. Box Number is Not Acceptable) 2039 CENTRE POINTE BLVD., SUITE 201 TALLAHASSEE, FL 32308 City Zip Code FL 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, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9, 10. MGRM TITLE MGRM ☐ Delete TITLE ☐ Change **□** Addition Champion, Van 1504 Hickory DICK, ROBERT J NAME NAME 412 PLANTATION ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32303 CITY-ST-ZIP Tallahassee MGRM Deiete TITT F TITLE Change ☐ Addition DICK, SUZANNE M NAME NAME STREET ADDRESS 412 PLANTATION ROAD STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32303 CITY-ST-ZIP TITLE TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME 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 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-15-06

8*50-599-896*9

Daytime Phone #

**FILED** 

## ATTACHMENT

## GOLDBERG & OLIVE

ATTORNEYS AT LAW

2039 CENTRE POINTE BOULEVARD SUITE 201 (32308) POST OFFICE BOX 12458 TALLAHASSEE, FLORIDA 32317

CAROLYN D. OLIVE†

STUART E. GOLDBERG\*

PHONE: (850) 222-4000 FAX: (850) 942-6400

†Florida Bar Certified Tax Law

'Florida Bar Certified Wills, Trusts & Estates

#405 00008198 April 19, 2006

Florida Department of State Division of Corporations Post Office Box 1500 Tallahassee, Florida 32302-1500

RE: Two Hacks, L.L.C.

Dear Sir/Madam:

Enclosed for filing is the 2006 Limited Liability Company Annual Report for Two Hacks, L.L.C. Also enclosed is a check in the amount of \$50.00 in payment of the filing fee.

If you have any questions, please contact me.

Sincerely,

Stuart E. Goldberg

SEG/tms Enclosures

cc:

Robert J. Dick (w/encl.)

Corporate book