
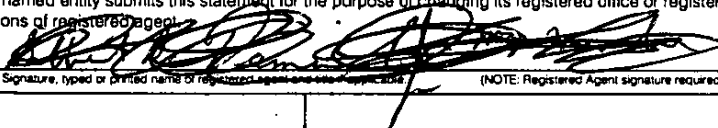




2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 19, 2006 8:00 am
Secretary of State

06-19-2006 90368 037 ****50.00

DOCUMENT # L05000024192 1. Entity Name TWO DRIFTERS, LLC					
Principal Place of Business 2593 CARRINGTON WAY NORTH CANTON, OH 44720			Mailing Address P.O. BOX 2460 NORTH CANTON, OH 44720		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	05312006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 20-2493857				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			7. Name and Address of New Registered Agent		
BDB AGENT CO. 5355 TOWN CENTER ROAD SUITE 900 BOCA RATON, FL 33486			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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  DATE  <small>Signature, typed or printed name of registered agent (see instructions) (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 6, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HAMRICK, GILBERT R JR. P.O. BOX 2460 NORTH CANTON, OH 44720	<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
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:  6-14-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

60047404



Form **7004**(Rev. December 2005)
Department of the Treasury
Internal Revenue Service**ATTACHMENT**

20647404

#L05000024192

**Application for Automatic 6-Month Extension of Time To File
Certain Business Income Tax, Information, and Other Returns**

OMB No. 1545-0233

▶ File a separate application for each return.

**Type or
Print**

Name

Two Drifters, LLC

Taxpayer identification number

20-2493857

Number, street, and room or suite number. If P.O. box, see instructions.

P.O. Box 2460

City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code).)

North Canton**OH 44720**File by the due
date for the
return for which
an extension is
requested. See
instructions.**Caution: Carefully complete all items. Incorrect information may cause delay or rejection.**1 Enter only one code for type of return form that this automatic 6-month extension is for (see below) **09**2 If the foreign corporation does not have an office or place of business in the United States, check here ☐3 If the organization qualifies under Regulations section 1.6081-5 (see instructions), check here ☐4a For calendar year 20__ , or other tax year beginning **Mar 25** , 20 **05** , and ending **Dec 31** , 20 **05****b Short tax year.** If this tax year is less than 12 months, check the reason:☐ Initial return☐ Final return☐ Change in accounting period☐ Consolidated return to be filed5 If the organization is a corporation and is the common parent of a group that elects to file consolidated, check here ☐
Also, you must attach a schedule, listing the name, address, and EIN for each member covered by this extension.6 Tentative total tax (see instructions) **APR 17 '06** **APR 18 '06** **6**7 Total payments and credits (see instructions) **CINCINNATI** **7**8 Balance due. Subtract line 7 from line 6. **Generally, you must deposit this amount using the Electronic Federal Tax Payment System (EFTPS), a Federal Tax Deposit (FTD) Coupon, or Electronic Funds Withdrawal (EFW) (see instructions for exceptions)** **8**

Extension Is For:	Form Code	Extension Is For:	Form Code
Form 706-GS(D)	01	Form 1120-L	18
Form 706-GS(T)	02	Form 1120-ND	19
Form 990-C	03	Form 1120-ND (section 4951 taxes)	20
Form 1041 (estate)	04	Form 1120-PC	21
Form 1041 (trust)	05	Form 1120-POL	22
Form 1041-N	06	Form 1120-REIT	23
Form 1041-QFT	07	Form 1120-RIC	24
Form 1042	08	Form 1120-S	25
Form 1065	09	Form 1120-SF	26
Form 1065-B	10	Form 3520-A	27
Form 1066	11	Form 8612	28
Form 1120	12	Form 8613	29
Form 1120 (subchapter T cooperative)	13	Form 8725	30
Form 1120-A	14	Form 8804	31
Form 1120-F	15	Form 8831	32
Form 1120-FSC	16	Form 8876	33
Form 1120-H	17		

BAA For Paperwork Reduction Act Notice, see separate instructions.

Form 7004 (Rev 12-2005)