

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

1/18

FILED
Feb 19, 2007 8:00 am
Secretary of State

01-18-2007 90018 012 ****55.00

DOCUMENT # L05000025293	
1. Entity Name HEFTY PROPERTIES TWO, L.L.C.	

Principal Place of Business 1232 PAULA CIRCLE GULF BREEZE, FL 32563	Mailing Address 2530 CRAFTY CLINT LANE HENDERSON, NV 89015 PO BOX 61377 BOULDER CITY, NV 89002
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01102007 No Chg-LLC CR2ED83 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent SMITH, G. THOMAS 510 EAST ZARAGOZA STREET PENSACOLA, FL 32502

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IN THIS SPACE**

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 renewing) **DATE** _____

Filing Fee is \$50.00
Due by May 1, 2007

B. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CREATE-A-BOOK, INC. MEMBER JOHN HEFTY 1232 PAULA CIRCLE 2530 CRAFTY CLINT LN GULF BREEZE, FL 32563 HENDERSON, NV 89002
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER MGRM RITA HEFTY 2530 CRAFTY CLINT LN HENDERSON, NV 89002
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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.

SIGNATURE: John B. Hefty **JOHN B. HEFTY** **1-10-07** **702-630-2764**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #