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

FILED
Feb 15, 2008 8:00 am
Secretary of State
02-15-2008 90051 001 ***138.75

DOCUMENT # L05000025293

1. Entity Name

HEFTY PROPERTIES TWO, L.L.C.

Principal Place of Business	Mailing Address
2530 CRAFTY CLINT LN HENDERSON NV 89002	PO BOX 61377 BOULDER CITY NV 89002

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
10957 INVERLOCHY CT	PO BOX 230250
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAS VEGAS NV	City & State: LAS VEGAS, NV.
Zip: 89141 Country: USA	Zip: 89105 Country: USA

4. FEI Number: NO-T 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

7. Name and Address of New Registered Agent

Name: NRAI SERVICES, INC.
Street Address (P.O. Box Number is Not Acceptable): 2731 EXECUTIVE PARK DRIVE, SUITE 4
City: Weston FL Zip Code: 33331

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: Juanita Mahoney, Ass't Sec. DATE: 2/6/2008

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE	MGRM	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	HEFTY, JOHN		NAME	
STREET ADDRESS	2530 CRAFTY CLINT LN		STREET ADDRESS	10957 INVERLOCHY CT
CITY-ST-ZIP	HENDERSON NV 89002		CITY-ST-ZIP	LAS VEGAS, NV 89141
TITLE	MGRM	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	HEFTY, RITA		NAME	
STREET ADDRESS	2530 CRAFTY CLINT LN		STREET ADDRESS	10957 INVERLOCHY CT
CITY-ST-ZIP	HENDERSON NV 89002		CITY-ST-ZIP	LAS VEGAS, NV 89141
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	
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 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: John Hefty 1-30-08 702-630-2764

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #