

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000027421

FILED  
Jan 03, 2008  
Secretary of State

**Entity Name:** 2 BROTHERS WORLDWIDE PUBLISHING, L.L.C.

**Current Principal Place of Business:**

1515 RIVERVIEW LANE  
BRADENTON, FL 34209

**New Principal Place of Business:**

26 BOND STREET  
WESTBURY, NY 11590

**Current Mailing Address:**

1515 RIVERVIEW LANE  
BRADENTON, FL 34209

**New Mailing Address:**

26 BOND STREET  
WESTBURY, NY 11590

**FEI Number:** 20-2698973

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PIZZO, ANTHONY T JR  
1515 RIVERVIEW LANE  
BRADENTON, FL 34209 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PIZZO, JACK M  
Address: 156 AUDWIN DRIVE  
City-St-Zip: ISLIP TERRACE, NY 11752

Title: MGRM ( ) Delete  
Name: PIZZO, ANTHONY T JR  
Address: 1515 RIVERVIEW LANE  
City-St-Zip: BRADENTON, FL 34209

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PIZZO, JACK M  
Address: ST. JOHN CIRCLE  
City-St-Zip: OAKDALE, NY 11769

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANTHONY T. PIZZO, JR

MGRM

01/03/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date