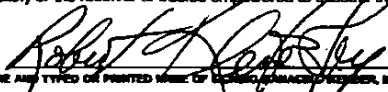


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 18, 2006 8:00 am
Secretary of State

04-26-2006 90026 021 ****50.00

DOCUMENT # L05000029367					
1. Entity Name THE TWO R'S INVESTMENT COMPANY LLC					
Principal Place of Business 11313 LAKEVIEW DRIVE CORAL SPRINGS, FL 33071			Mailing Address 11313 LAKEVIEW DRIVE CORAL SPRINGS, FL 33071		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-2642318	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RIESENBERG, RICHARD 644 E HALLANDALE BEACH BOULEVARD HALLANDALE BEACH, FL 33008				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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when substituting)) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	KLENETSKY, ROBERT		NAME		
STREET ADDRESS	11313 LAKEVIEW DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	KLENETSKY, ROBIN		NAME		
STREET ADDRESS	11313 LAKEVIEW DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		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 606, Florida Statutes.					
SIGNATURE: 			4/23/06 954 000 8349 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGER, RECEIVER, TRUSTEE, OR AUTHORIZED REPRESENTATIVE					