

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000036901

FILED
Apr 27, 2007
Secretary of State

Entity Name: MOLLY BROWN'S TWO, L.L.C.

Current Principal Place of Business:

542 U SEABREEZE BOULEVARD
DAYTONA BEACH, FL 32118 US

New Principal Place of Business:

3226 RIVER VIEW LANE
DAYTONA BEACH, FL 32118 US

Current Mailing Address:

6290 MONTROSE ROAD
ROCKVILLE, MD 20852 US

New Mailing Address:

FEI Number: 20-2690997 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATZ, DANIEL
542 U SEABREEZE BOULEVARD
DAYTONA BEACH, FL 32118 US

Name and Address of New Registered Agent:

WEDDLE, SHAWN
3226 RIVER VIEW LANE
DAYTONA BEACH, FL 32118 US

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: SHAWN WEDDLE

04/27/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KATZ, DANIEL
Address: 542 U SEABREEZE BOULEVARD
City-St-Zip: DAYTONA BEACH, FL 32118 US

Title: MGRM (X) Delete
Name: KATZ, ELAINE
Address: 542 U SEABREEZE BOULEVARD
City-St-Zip: DAYTONA BEACH, FL 32118 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WEDDLE, SHAWN
Address: 3226 RIVER VIEW LANE
City-St-Zip: DAYTONA BEACH, FL 32118 US

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: SHAWN WEDDLE

MGR

04/27/2007

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