

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000046441

Entity Name: 2 BLACK SHEEP, LLC

FILED  
Mar 17, 2006  
Secretary of State

**Current Principal Place of Business:**

7650 SW 122 STREET  
MIAMI, FL 33156

**New Principal Place of Business:**

9295  
MIAMI, FL 33173

**Current Mailing Address:**

7650 SW 122 STREET  
MIAMI, FL 33156

**New Mailing Address:**

9295 SW 67 STREET  
MIAMI, FL 33173

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

ROCHE, MARGARITA  
7650 SW 122 STREET  
MIAMI, FL 33156 US

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

ROCHE, MARGARITA  
9295 SW 67 STREET  
MIAMI, FL 33173 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: MARGARITA ROCHE

03/17/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ROCHE, MARGARITA  
Address: 7650 SW 122 STREET  
City-St-Zip: MIAMI, FL 33156

Title: MGR ( ) Delete  
Name: ROCHE, LILLIANE  
Address: 854 N.W. 87 AVE. #303  
City-St-Zip: MIAMI, FL 33172

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ROCHE, MARGARITA  
Address: 9295 SW 67 STREET  
City-St-Zip: MIAMI, FL 33173

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MARGARITA ROCHE

MGRM

03/17/2006

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