

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 MAY 29 PM 3:24

DOCUMENT # L05000054420

1. Entity Name  
U2 BRANDS, LLC



Principal Place of Business

399 WEST CAMINO GARDENS BLVD., SUITE 306  
BOCA RATON, FL 33432

Mailing Address

399 WEST CAMINO GARDENS BLVD., SUITE 306  
BOCA RATON, FL 33432



03272008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GOLD, DAVID H ESQ  
399 WEST CAMINO GARDENS BLVD  
306  
BOCA RATON, FL 33432

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

\$

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	STEIN, RONALD B
STREET ADDRESS	399 WEST CAMINO GARDENS BLVD
CITY - ST - ZIP	BOCA RATON, FL 33432
TITLE	MGR
NAME	GOLD, LEWIS D
STREET ADDRESS	399 WEST CAMINO GARDENS BLVD
CITY - ST - ZIP	BOCA RATON, FL 33432
TITLE	MGR
NAME	GOLD, DAVID H
STREET ADDRESS	399 WEST CAMINO GARDENS BLVD
CITY - ST - ZIP	BOCA RATON, FL 33432
TITLE	MGR
NAME	EISENBERG, MITCHELL
STREET ADDRESS	399 WEST CAMINO BLVD
CITY - ST - ZIP	BOCA RATON, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

800130910718  
06/05/08--01037--025 \*\*100.00

800130910718  
06/05/08--01037--025 \*\*38.75

*Walt*

**DO NOT WRITE  
IN THIS SPACE**

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 608, Florida Statutes.

SIGNATURE:

*Ronald B. Stein*

4-1-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #