

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000059083

**FILED**  
**Mar 07, 2007**  
**Secretary of State**

**Entity Name:** TWO BC ENTERPRISES, LLC

**Current Principal Place of Business:**

3730 INVERRARY DRIVE  
H 1 P  
LAUDERHILL, FL 33319

**New Principal Place of Business:**

4060 COCONUT BLVD  
WEST PALM BEACH, FL 33411

**Current Mailing Address:**

3730 INVERRARY DRIVE  
H 1 P  
LAUDERHILL, FL 33319

**New Mailing Address:**

4060 COCONUT BLVD  
WEST PALM BEACH, FL 33411

FEI Number: 20-2995190

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DOTRES, MIGUEL  
4060 COCONUT BLVD  
ROYAL PALM BEACH, FL 33411 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: MGR ( ) Delete  
Name: AGS CONSULTING GROUP, , INC.  
Address: 4525 SW 153 AVENUE  
City-St-Zip: MIRAMAR, FL 33027

Title: MGR ( ) Delete  
Name: MA DO ENTERPRISES, I, NC.  
Address: 4631 NW31 ST AVE SUITE161  
City-St-Zip: FORT LAUDERDALE, FL 33309

**ADDITIONS/CHANGES:**

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

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: MIGUEL DOTRES

MRG

03/07/2007

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