

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000070046

FILED
Oct 05, 2007
Secretary of State

Entity Name: TWO BROTHERS REALTY, LLC

Current Principal Place of Business:

661 SE CRESCENT AVENUE
PORT ST. LUCIE, FL 34984 US

New Principal Place of Business:

Current Mailing Address:

284 UNION AVENUE
FRAMINGHAM, MA 01702 US

New Mailing Address:

FEI Number: 20-3740485

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MINGACE, DAVID J
3830 NE INDIAN RIVER DRIVE
LOT 32
JENSEN BEACH, FL 34957 US

Name and Address of New Registered Agent:

MINGACE, DAVID J
2768 NE COLD SPRING DRIVE
JENSEN BEACH, FL 34957 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: DAVID J. MINGACE

10/05/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MINGACE, DAVID J
Address: 3830 NE INDIAN RIVER DRIVE, LOT 32
City-St-Zip: JENSEN BEACH, FL 34957 US

Title: MGRM () Delete
Name: MINGACE, CHRISTOPHER H
Address: 284 UNION AVENUE
City-St-Zip: FRAMINGHAM, MA 01702 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MINGACE, DAVID J
Address: 2768 NE COLD SPRING DRIVE
City-St-Zip: JENSEN BEACH, FL 34957 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: CHRISTOPHER H. MINGACE

MGRM

10/05/2007

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