

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000089941

**FILED**  
**Mar 31, 2009**  
**Secretary of State**

**Entity Name:** ARIAS INVESTMENT TWO, LLC

**Current Principal Place of Business:**

140 N. WESTMONTE DR., STE 100  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

140 N. WESTMONTE DR., STE 100  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

140 N. WESTMONTE DR. STE. 100  
ALTAMONTE SPRINGS, FL 32714

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

ARIAS, ANTONIO  
140 N. WESTMONTE DR., STE 100  
ALTAMONTE SPRINGS, FL 32714 US

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

ARIAS, ANTONIO  
140 N. WESTMONTE DR. STE. 100  
ALTAMONTE SPRINGS, FL 32714 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:

03/31/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ARIAS, ANTONIO  
Address: 140 N. WESTMONTE DR., STE 100  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

**ADDITIONS/CHANGES:**

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: ANTONIO ARIAS

MGR

03/31/2009

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