2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 28, 2006 8:00 am Secretary of State

DOCUMENT # L05000090019 1. Entity Name TWOSHOES, LLC							04-28-200	6 90025	048 ****	50.00
Principal Place of Business 600 SAGAMORE ROAD FT LAUDERDALE, FL 33301			Mailing Address 600 SAGAMORE ROAD FT LAUDERDALE, FL 3.			II 4 bisa b erhi 8 s in 8 s in 8 s in 8	 		(AP) 1/4 (AB)	
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02092006	Chg-LLC	CR2E08	33 (11/05)	
City & State			City & State			4. FEI Numb	498618		J	plied For t Applicable
Zip	Country		Zip	Country		5. Certificat	e of Status Desired		\$5.00 Add Fee Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
KELLEY, PATRICK G 1401 E BROWARD BLVD., #206					Street Address (P.O. Box Number is Not Acceptable)					
FT LAUDE								•		
					City FL Zip Code					
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 it applicable. (NOTE: Registered Agent signature required when rematating) DATE										
Filing Fee is \$50.00 Due by May 1, 2006								Departme	-	•
9.	9. MANAGING MEMBERS/MANAGERS			10.			ADDITIONS,	CHANGES		
TITLE NAME	RAPAROA CILI-LIC TOUR			TITLE NAME					☐ Change	☐ Addition
STREET ADORESS CITY-ST-ZIP	600 S	SAGAMORE) SAGAMORE)	US, TRUSTEE ROAD E, FL 33301	S, /RUSTEL STREE						
TITLE NAME		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Delete	TITLE	1				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	s			STRE	ET ADDRESS -ST-ZIP					
TITLE			☐ Delete	TITLE		,			☐ Change	Addition
NAME STREET ADDRESS					ET ADDRESS					
CITY-ST-ZIP			☐ Defete	CITY	-ST-ZIP				☐ Change	Addition
NAME STREET ADDRESS				MAM	- 1					
CITY-ST-ZIP					-ST-ZIP					
TITLE			☐ Delete	TITLI NAM	I				Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP					
TITLE			☐ Delete	TITL					Change	Addition
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP					İ
11. I hereby	Lcertify that th	e information supplied with t	this filing does not qualify for	the exe	mptions contain	ed in Chapter 119	, Florida Statutes. I fu	urther certify	that the info	rmation
			hat my signature shall have t empowered to execute this					ging membe	r or manage	er of the