


**LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90064 045 ****55.00

DOCUMENT # L05000108179	
1. Entity Name Building Number Two, LLC	

DO NOT WRITE IN THIS SPACE

20040706

2. Principal Place of Business 3100 N.W. 72 Ave		3. Mailing Address 102-46 Corona Ave	
Suite, Apt. #, etc. Unit 128		Suite, Apt. #, etc.	
City & State Miami, FL		City & State Corona, N.Y.	
Zip 33122	Country USA	Zip 11368	Country USA

CR2E083B (8/05)

DO NOT WRITE IN THIS SPACE	4. FEI Number 20-3747929		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name Gazitua Letelier, PA		
Street Address (P.O. Box Number is Not Acceptable) 2501 NW 74 Avenue Suite 217			
City Miami FL Zip Code 33122			

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.

04/27/06
DATE

FEE IS \$50.00	
Make Check Payable to Florida Department of State	
DUE BY MAY 1	

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Alfredo Pazillo 102-46 Corona Ave. Corona N.Y. 11368	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER Marcela Cadina 102-46 Corona Ave Corona, N.Y. 11368	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____	<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>
-------------------------	--	---------------------	--------------------------------