

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000114690

FILED  
Apr 16, 2008  
Secretary of State

Entity Name: TWO STEPS, LLC

**Current Principal Place of Business:**

4590 HWY 20 EAST  
NICEVILLE, FL 32578

**New Principal Place of Business:**

**Current Mailing Address:**

4590 HWY 20 EAST  
NICEVILLE, FL 32578

**New Mailing Address:**

FEI Number: 20-3870104

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MARK A VIOLETTE PA  
42 BUSINESS CENTER DRIVE  
SUITE 311  
MIRAMAR BEACH, FL 32550 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: C AND C, LLC,  
Address: 4590 HWY 20 EAST  
City-St-Zip: NICEVILLE, FL 32578

Title: MGRM ( ) Delete  
Name: ZHB, LLC,  
Address: 4590 HWY 20 EAST  
City-St-Zip: NICEVILLE, FL 32578

Title: MGRM ( ) Delete  
Name: KRUSE, CRAIG J  
Address: 34990 EMERALD COAST PARKWAY  
City-St-Zip: DESTIN, FL 32541

**ADDITIONS/CHANGES:**

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

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 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: C AND C, LLC

M

04/16/2008

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