2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2008
Secretary of State

DOCUMENT# L06000000074

Entity Name: TWO GUYS, LLC

Current Principal Place of Business:

5555 NOB HILL ROAD
SUNRISE, FL 33351 US

New Principal Place of Business:

18957 CLOUD LAKE CIRCLE
BOCA RATON, FL 33496 US

Current Mailing Address:

5555 NOB HILL ROAD
SUNRISE, FL 33351 US

New Mailing Address:

18957 CLOUD LAKE CIRCLE
BOCA RATON, FL 33496 US

FEI Number: 56-2548941 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KEITH, ELIZABETH C
5555 NOB HILL ROAD
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

CLAY, RAYMOND L
18957 CLOUD LAKE CIRCLE
BOCA RATON, FL 33496 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: RAYMOND CLAY 01/17/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: KEITH, ELIZABETH C
Address: 5555 NOB HILL ROAD
City-St-Zip: SUNRISE, FL 33351 US

Title: MGRM (X) Delete
Name: CLAY, RAYMOND L
Address: 18957 CLOUD LAKE CIRCLE
City-St-Zip: BOCA RATON, FL 33496 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CLAY, RAYMOND L
Address: 18957 CLOUD LAKE CIRCLE
City-St-Zip: BOCA RATON, FL 33496 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: RAYMOND CLAY MGRM 01/17/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date