2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 02, 2007 8:00 am Secretary of State

DOCUMENT # L06000018557 1. Entity Name 2 BROTHERS,LLC							04-18-20	007 900	33 047 *	***50.00
Principal Plac 4437 FRANK MARIANNA, F	LIN STREET		Mailing Address PO BOX 419 MARIANNA, FL 32447 US			 	EN BUTTO BITAL BUTTA BUTTA	0 6677 1 H 37 1 19	1718 OST DA OSTA S	
2. Principal P	lace of Busin	iess - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04132007	Chg-LLC	CR2E	X83 (12/06)	
City & State			City & State		4. FEI Number Applied FI Not Applied FI Not Applied			oplied For ot Applicable		
Zip	Country		Zip			5. Certifica	te of Status Desired	us Desired		ditional id
6. Name and Address of Current Registered Agent					Name	7. Name ar	d Address of New R	egistered /	Agent	
WIMBERLY, REX S					Street Address (P.O. Box Number is Not Acceptable)					
4421 SPRI MARIANN					Street Address (P.O. Box Num	ber is Not Acceptable	•)		
		1			City	FL Zip Code				e
8. The above	named entit	submits this statement for	the purpose of changing its	register	ed office or register	red agent, or b	oth, in the State of Flo		lamiliar with,	and accept
SIGNATURE										
	Signature Syced	or printed name of registered agents	nd stie if applicable. (NOT	E: Regulare	d Agent agrature required	Ayen renetating)	T	DATE		
Filing Fee is \$50.00 Due by May 1, 2007								e check p Departm	ayable to ent of Stat	•
9.	,	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE	MGRM Detets WIMBERLY, RICHARD D			TITLE NAME					Change	☐ Addition
STREET ADDRESS CITY-ST-2P	4437 SPF	RING VALLEY DRIVE	STREE		EET ADORESS 1-57-ZP					
TITLE	MGRM Delate				E	☐ Change			☐ Change	- Add tion
STREET ADDRESS		LY, REX S RING VALLEY DRIVE	NAME		E EET ADORESS					1
CITY-ST-ZP	5	IA, FL 32448		CITY-					\	
TITLE			E	•			Change	Addition		
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CITY-ST-ZP	1				- ST- ZIP					
TILE .			☐ Delete	πι					Change	Addition
STREET ADDRESS				LUTZ	ET ADDRESS					
CITY-ST-ZIP					-ST-ZIP					
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NAME STREET ADDRESS				NAM						!
CITY-ST-ZP					ET ADORESS -ST-ZIP					
TITLE			☐ Delete	TITL	i i		•		Change	Addition
NAME					E .					
STREET ADDRESS	Ì				ET ADORESS -ST-ZIP					
11. I hereby a	cenify that th	e information supplied with	this filing does not qualify fo	r the exe	mptions contained	in Chapter 119), Florida Statutes, I fu	rther certify	that the info	rmation
11. I hereby centify that the information subbired with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and/acctrate and that my signature shall have the same legal effect as it made under oath; that I am a managing member or manager of the imited liability company or the refervey or trustee grapowered to execute this report as required by Chapter 608, Florida Statutes.										
SIGNAT	URE: _	SUL V	murry			4	1607	15	47526-	2478
		MED TYPED OR PROXIED NAME OF	EIGHING MAHAGING SERBER, MA	NACER, OR	AUTHORIZED REPRESE	STATIVE	Date	Di	firme Phone 4	