
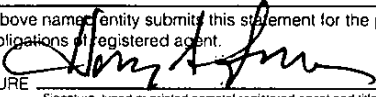
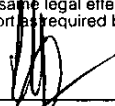


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90352 039 \*\*\*\*50.00

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| DOCUMENT # L06000052195  |  |  |  |  |  |
| 1. Entity Name<br>S&S OF BREVARD TWO, LLC  |  |  |  |   |  |
| Principal Place of Business<br>675 SOUTH BABCOCK STREET<br>MELBOURNE, FL 32901 US  |  |  | Mailing Address<br>675 SOUTH BABCOCK STREET<br>MELBOURNE, FL 32901 US  |   |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address                                   |  |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.                                  |  |   |  |
| City & State   |  | City & State   |  |   |  |
| Zip  | Country  | Zip  | Country  | 04052007    Chg-LLC    CR2E083 (12/06)  |  |
| 4. FEI Number<br>20-8799060  |  |  |  | Applied For<br>Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |  |  | \$5.00 Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent<br><br>THAREJA, SAVITA<br>675 SOUTH BABCOCK STREET<br>MELBOURNE, FL 32901  |  |  | 7. Name and Address of New Registered Agent<br>Name<br>HARRY A. JONES<br>Street Address (P.O. Box Number is Not Acceptable)<br>1901 SOUTH HARBOR CITY BLVD<br>SUITE #500<br>City<br>MELBOURNE    FL    Zip Code<br>32901 |   |  |
| 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    |  | HARRY A. JONES, REGISTERED AGENT                     |  | 4-9-07  |  |
| Filing Fee is \$50.00<br>Due by May 1, 2007.   |  | Make check payable to<br>Florida Department of State |  |   |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |  | 10. ADDITIONS/CHANGES  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>THAREJA, SAVITA<br>675 SOUTH BABCOCK STREET<br>MELBOURNE, FL 32901 | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| 11. I hereby certify that the information supplied with this filing 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 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:    |  |  | 4/9/07   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE   |  |  | Date    Daytime Phone #  |   |  |