

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000078727

Entity Name: JM TWO BROTHERS, LLC

FILED
Feb 05, 2009
Secretary of State

Current Principal Place of Business:

1145 SAND PINE CIRCLE
TITUSVILLE, FL 32796

New Principal Place of Business:

1145 SAND PINE CIRCLE
TITUSVILLE, FL 32796 US

Current Mailing Address:

1145 SAND PINE CIRCLE
TITUSVILLE, FL 32796

New Mailing Address:

1145 SAND PINE CIRCLE
TITUSVILLE, FL 32796 US

FEI Number: 20-5345683

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVINE, RICHARD M
1145 SAND PINE CIRCLE
TITUSVILLE, FL 32796 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: LEVINE, RICHARD M
Address: 1145 SAND PINE CIRCLE
City-St-Zip: TITUSVILLE, FL 32796

Title: MGR () Delete
Name: LEVINE, LYNN B
Address: 1145 SAND PINE CIRCLE
City-St-Zip: TITUSVILLE, FL 32796

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LEVINE, RICHARD M
Address: 1145 SAND PINE CIRCLE
City-St-Zip: TITUSVILLE, FL 32796 US

Title: MGR (X) Change () Addition
Name: LEVINE, LYNN B
Address: 1145 SAND PINE CIRCLE
City-St-Zip: TITUSVILLE, FL 32796 US

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: RICHARD M LEVINE

MGR

02/05/2009

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