2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000098874

1. Entity Name

TWO SOUTH INVESTMENTS LLC



Principal Place of Business

8630 SE WATER OAK PLACE TEQUESTA, FL 33469 US Mailing Address

8630 SE WATER OAK PLACE TEQUESTA, FL 33469 US

FILED Apr 07, 2008 08:00 Al Secretary of State



03312008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-8500638

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

YANNUZZI, VINCE 8630 SE WATER OAK PLACE TEQUESTA, FL 33469

DO NOT WRITE IN THIS SPACE

; the obligations of registered agent. ; SIGNATURE	8. The above	e named entity submits this statement for the purpose of changi	ing its registered office or registered agent, or bo	th, in the State of Florida.	i am familiar with, and	d accept
SIGNATURE	; the obliga	ations of registered agent.				
SIGNATURE	91:	4	•			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	SIGNATURE		(NOTE: Registered Agent signature required when reinstating)		DATE	

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YANNUZZI, VINCE 8630 SE WATER OAK PLACE TEQUESTA, FL 33469		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the e			

U00000884324 04/17/08-80039-013 138.75

DO NOT WRITE IN THIS SPACE

11. I nereby certify that the information supplied 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 accurate and that my signature shall have the same legal effect as if made under eath; 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:

NTED NAME OF JUNING MANAGING MENGEROR AUTHORIZED REPRESENTATION

561-748-8387

Daytime Phone #