

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000117355

FILED  
Feb 08, 2007  
Secretary of State

Entity Name: TWO FINGERS, LLC

**Current Principal Place of Business:**

1000 E. HIGHWAY 50  
SUITE B, 2ND FLOOR  
CLERMONT, FL 34711 US

**New Principal Place of Business:**

**Current Mailing Address:**

1000 E. HIGHWAY 50  
SUITE B, 2ND FLOOR  
CLERMONT, FL 34711 US

**New Mailing Address:**

PO BOX 120187  
CLERMONT, FL 34712 US

FEI Number: 20-8020038

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOWELL, ALEXANDER  
1000 E. HIGHWAY 50  
SUITE B, 2ND FLOOR  
CLERMONT, FL 34711 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: MGRM ( ) Delete  
Name: DBM INTERNATIONAL, I, NC.  
Address: 1000 E. HIGHWAY 50, SUITE B, 2ND FLOOR  
City-St-Zip: CLERMONT, FL 34711 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ALEXANDER HOWELL

PRES

02/08/2007

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