


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 22, 2008 8:00 am
Secretary of State


07-22-2008 90026 030 ***138.75

DOCUMENT # L07000001933	
1. Entity Name KIRKBRIDE FAMILY TWO LIMITED LIABILITY COMPANY	

Principal Place of Business 2614 NE PALM AVENUE JENSEN BEACH, FL 34957	Mailing Address 2614 NE PALM AVENUE JENSEN BEACH, FL 34957
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2. Principal Place of Business - No P.O. Box # 2614 NE Palm Avenue	3. Mailing Address 2614 NE Palm Avenue
Suite, Apt. #, etc. 2614	Suite, Apt. #, etc. 2614
City & State Jensen Beach FL	City & State Jensen Beach FL
Zip 34957	Zip 34957
Country US	Country US

2644 NE Palm Ave
Jensen Beach, FL 34957



07102008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-8181803	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent LAMPERT, MICHAEL A ESQUIRE 1655 PALM BEACH LAKES BLVD. SUITE 900 WEST PALM BEACH, FL 33401	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KIRKBRIDE, TAMARA A 2614 NE PALM AVENUE JENSEN BEACH, FL 34957 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: Tamara C Kirkbride 7/22/08 724-631-7149

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #