

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000014091

Entity Name: TWO FAMILY, LLC

FILED
Jan 11, 2009
Secretary of State

Current Principal Place of Business:

667 W. KING ST.
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

5110 CYPRESS LINK BLVD.
ELKTON, FL 32033

New Mailing Address:

FEI Number: 74-3205004

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

METTLER, PETER W
140 ROYAL PALM WAY, SUITE 202
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

SKARGEY, NICK H
507 HERBERT ST. SUITE A
PORT ORANGE, FL 32129 US

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: NICK SKARGEY

01/11/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KAHOK, AHMAD
Address: 5110 CYPRESS LINKS BLVD.
City-St-Zip: ELKTON, FL 32033

Title: MGRM () Delete
Name: KAHOK, NAIM
Address: 5123 CYPRESS LINKS BLVD.
City-St-Zip: ELKTON, FL 32033

Title: MGR (X) Delete
Name: KAHOK, AHMAD
Address: 5110 CYPRESS LINKS BLVD.
City-St-Zip: ELKTON, FL 32033

ADDITIONS/CHANGES:

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

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

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

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: AHMAD KAHOK

MGRM

01/11/2009

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