

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000034751

FILED  
Apr 23, 2008  
Secretary of State

Entity Name: TWO BEST FRIENDS, LLC

**Current Principal Place of Business:**

2 JUNGLE HUT ROAD  
SUITE 2  
PALM COAST, FL 32137 US

**New Principal Place of Business:**

**Current Mailing Address:**

2 JUNGLE HUT ROAD  
SUITE 2  
PALM COAST, FL 32137 US

**New Mailing Address:**

FEI Number: 26-0150825

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DONAGHY, KEVIN P  
2 JUNGLE HUT ROAD  
SUITE 2  
PALM COAST,, FL 32137 US

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

DONAGHY, KEVIN P  
195 WEKIVA SPRINGS RD  
SUITE 200  
LONGWOOD, FL 32779 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:

04/23/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MCMILLAN, ROBERT E III  
Address: 2 JUNGLE HUT ROAD, SUITE 2  
City-St-Zip: PALM COAST,, FL 32137 US

Title: MGRM ( ) Delete  
Name: RIVEIRO, WILLIAM  
Address: 3738 MORRIS BRIDGE ROAD  
City-St-Zip: ZEPHYR HILLS, FL 33543 US

**ADDITIONS/CHANGES:**

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: ROBERT E MCMILLAN III

MGRM

04/23/2008

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