2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# L07000042860

Entity Name: FALCONE TWO LIBERTY SERVICES, LLC

Current Principal Place of Business:

1951 N.W. 19TH STREET, SUITE 200
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

1951 N.W. 19TH STREET, SUITE 200
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 26-0345087 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GERSON, GARY N
1645 PALM BEACH LAKES BLVD., SUITE 1200
WEST PALM BEACH, FL 33401 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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: FALCON CONSTRUCTION, LLC
Address: 1951 NW 19TH STREET
City-St-Zip: BOCA RATON, FL 33431

Title: M ( ) Change (X) Addition
Name: FALCONE, ARTHUR
Address: 1951 NW 19TH STREET
City-St-Zip: BOCA RATON, FL 33431

Title: M ( ) Change (X) Addition
Name: ANTENUCCI, ALBO J JR
Address: 1951 NW 19TH STREET
City-St-Zip: BOCA RATON, FL 33431

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: ARTHUR FALCONE MGRM 04/29/2008

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