## **2008 LIMITED LIABILITY COMPANY** ANNUAL REPORT

## DOCUMENT # L07000057576

FEELGOOD TWO LLC



Principal Place of Business 25 WEST FLAGLED STREET

NAME

STREET ADDRESS CITY-ST-ZIP

Mailing Address

25 WEST FLAGLER STREET

MIAMI, FL 3	3132	MIAMI, FL 33132				ri 88111 18811 8811 8811 8811			III NI 1881
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01142008	Chg-LLC	CR2E083	(12/06)		
City & State		City & State		4. FEI Numb	มีช55 <b>2</b> 8		<u> </u>	plied For Applicable	
Zip	Zip Country Zip		Country			e of Status Desired		5.00 Add e Required	tional
	6. Name and Address of Current R	tegistered Agent	egistered Agent		7. Name and Address of New Registered Agent				
	· .	Name							
	NN, JULIAN FLAGLER STREET 33132	Street Address (		P.O. Box Number is Not Acceptable)					
4	-								
		City					FL	Zip Code	1
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
	NOWIII FEE IS \$138.75					Make check payable to Florida Department of State			
	W W						•		
9.	MANAGING MEMBER	/MANAGERS 10.			ADDITIONS/	CHANGES			
TITLE	MGRM	☐ Delete	TITLE					Change	☐ Addition
NAME STREET ADDRESS	HUZENMAN, JULIAN 3197 NE 211 TERRACE	NAM STRI		acce					
CITY-ST-ZIP	AVENTURA, FL 33180	CITY		· · ·					
TITLE	MGRM	☐ Delete TITLE					Г	7 Change	Addition
NAME	HUZENMAN, GREGORIO	—					_	_ change	Las , ladillon
STREET ADDRESS			STREET ADD	RESS					
CITY-ST-ZIP	AVENTURA, FL 33180	ĊITI		,					
TITLE	MGRM	☐ Delete	TITLE					Change	☐ Addition
NAME STREET ADDRESS	BERMAN, GUILLERMO 210 74TH STREET, SUITE 910	NAM STRE		2500					
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160			1					í
TITLE	·	☐ Delete	TITLE					] Change	Addition
NAME		NAM						- •	_
STREET ADDRESS			STREET ADD	1					
CITY-ST-ZIP			CITY-ST-ZIF						
TITLE		☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS			NAME STREET ADD	aess					
CITY-ST-ZIP	/ <b> </b>		CITY-ST-ZIF						j
TITLE	///	☐ Defete	TITLE				-	Change	☐ Addition

11. Thereby certly 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 the anglaccurate 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 of the receiver of trystegen powered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Hozevuan SIGNATURE:

Date

Apr 21, 2008 8:00 am Secretary of State

04-21-2008 90320 030 \*\*\*138.75

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Daytime Phone #