


**FILED**  
**Jun 23, 2008 8:00 am**  
**Secretary of State**

5  
 5/17

05-01-2008 90037 021 \*\*\*138.75

**2008 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

<b>DOCUMENT # L07000122873</b>			
1. Entity Name <b>TWO SISTERS, LLC</b>			
Principal Place of Business C/O NED S. SCHERER, CPA 1410 SPRING HILL ROAD, SUITE 400 MCLEAN, VA 22102		Mailing Address C/O NED S. SCHERER, CPA 1410 SPRING HILL ROAD, SUITE 400 MCLEAN, VA 22102	
3. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Business, Apt. #, etc.		Business, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. File Number <b>35-2324597</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>WHITMIRE, DRENNEN L JR, ESQ 660 U.S. HIGHWAY ONE, THIRD FLOOR NORTH PALM BEACH, FL 33408</b>		7. Name and Address of Most Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL Zip Code	
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		DATE	
FILE NUMBER: PER 28 9138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	President Yardley Manfuso Appleby 3717 Cardiff Rd Chevy Chase, MD 20815 <i>Managing Member</i>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Susan M. Faries 9305 Kendall Rd Baltimore MD 20854	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-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 113, 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 it would under each Part 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 606, Florida Statutes.			
SIGNATURE: <i>Yardley M Appleby</i>		4-30-08 301-652-4450	

30009768



