



File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L95000000047 TWO GC'S, L.C. 7860 Glades Road Suite 120 Boca Raton, FL. 33434		1a. Principal Place of Business Address	
2. Principal Place of Business 7860 Glades Road Suite Apt. #, etc. 120 City & State Boca Raton, Florida Zip 33434	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	3. Date Organized or Qualified 1/19/95 4. FEI Number 65-0546983 5. Date of Last Report 4/98	3a. State of Formation Florida <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired <input type="checkbox"/> See Fee Addition Fee Required
7. Name and Address of Current Registered Agent Leslie S. Bologna 6432 Amberwoods Drive Boca Raton, FL. 33433		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 200002977552--3 Suite, Apt. #, etc. -09/02/99--01097--001 ****38.75 ****38.75 City FL Zip Code	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)		DATE _____	
10. Title MEM	Managing Members/Managers Leslie S. Bologna 6432 Amberwoods Dr Boca Raton, FL 33433	Business Street Address 7860 Glades Road Suite 120 Boca Raton, FL. 33434	City, State and Zip Code 05/17/99-90093-026 \$150.00
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address. SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER 8/26/99 561-482-7660 Date Daytime Phone #			