

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # M04000005637 1. Entity Name TWO NINE LLC	
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Principal Place of Business 8710 COLLEGE PARKWAY FORT MYERS, FL 33919	Mailing Address 8710 COLLEGE PARKWAY FORT MYERS, FL 33919
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DO NOT WRITE IN THIS SPACE



01102007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 75-3184964	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KAGAN, ABBOTT II
8710 COLLEGE PARKWAY
FORT MYERS, FL 33919

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

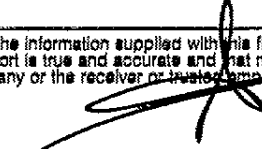
Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAGAN, ABBOTT II 8710 COLLEGE PARKWAY FORT MYERS, FL 33919
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03/27/07-80096-010 50.00

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11. I hereby certify 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 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.

SIGNATURE:  **3-15-07** **239-482-8788**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #