

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

| | |
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| DOCUMENT # L01000008460 1. Entity Name FLAGAMI TWO LLC |  |
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|---|---|
| Principal Place of Business 2100 W 76ST STE 310 HIALEAH, FL 33016 | Mailing Address 2100 W 76ST STE 310 HIALEAH, FL 33016 |
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04092004 No Chg-LLC CR2E083 (10/03)

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|---|--------------------------------|
| 4. FEI Number 65-1127378 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

ABRIL, EDUARDO L
 2100 W 76 ST STE 310
 HIALEAH, FL 33016

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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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
 Due by May 1, 2004**

U00000126116
 04/23/04-80021-005 150.00

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM ABRIL, EDUARDO L 2100 W 76ST STE 310 HIALEAH, FL |
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11. I 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 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: *Eduardo P. Abril* 4/23/04 (305) 823-7859
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #