

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000065650

FILED
Mar 07, 2007
Secretary of State

Entity Name: TWO WRIGHT, LLC

Current Principal Place of Business:

6428 COMMERCE PARK DR.
FORT MYERS, FL 33912

New Principal Place of Business:

6428 COMMERCE PARK DR.
FORT MYERS, FL 33966

Current Mailing Address:

P.O. BOX 61317
FORT MYERS, FL 339061317

New Mailing Address:

P.O. BOX 61317
FORT MYERS, FL 339061317 US

FEI Number: 20-1618143

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITESMAN, GUY E
1415 MONROE STREET
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WRIGHT, GARY A
Address: 6428 COMMERCE PARK DR.
City-St-Zip: FORT MYERS, FL 33912

Title: MGR () Delete
Name: WRIGHT, LORRAINE S
Address: 6428 COMMERCE PARK DR.
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WRIGHT, GARY A
Address: 6428 COMMERCE PARK DR.
City-St-Zip: FORT MYERS, FL 33966

Title: MGR (X) Change () Addition
Name: WRIGHT, LORRAINE S
Address: 6428 COMMERCE PARK DR.
City-St-Zip: FORT MYERS, FL 33966

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LORRAINE S. WRIGHT

MGR

03/07/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date