


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000002034**

1. Entity Name  
**IGLS TWO, LLC**



Principal Place of Business <b>C/O JAMES (SKIP) MUFALLI          11050 SUMMERLIN SQUARE DR.          FT. MYERS BEACH, FL 33931</b>	Mailing Address <b>C/O JAMES (SKIP) MUFALLI          11050 SUMMERLIN SQUARE DR.          FT. MYERS BEACH, FL 33931</b>
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02052004 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1033502</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MUFALLI, JAMES (SKIP)  
 11050 SUMMERLIN SQUARE DR.  
 FT. MYERS BEACH, FL 33931**

**DO NOT WRITE IN THIS SPACE**

**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, 2004**

000000107441  
 04/09/04-20015-016 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P MUFALLI, JAMES (SKIP) 11050 SUMMERLIN SQUARE DR FT MYERS BEACH, FL 33931</b>
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**DO NOT WRITE IN THIS SPACE**

**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:** *James Mufalli* *4/09/04* *822-5357*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #