

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 24, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000007132

1. Entity Name
TWO PROPERTIES INVESTMENTS, LLC



Principal Place of Business
**9253 N.W. 100TH STREET
MEDLEY, FL 33178**

Mailing Address
**9253 N.W. 100TH STREET
MEDLEY, FL 33178**



02032004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3656492

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**CUTLER, H. JEFFREY
95 MERRICK WAY SUITE 440
CORAL GABLES, FL 33134**

**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 _____

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**

000000064441
02/24/04-80013-003 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
FLEGEL, JEFF
9253 N.W. 100TH STREET
MEDLEY, FL 33178**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
FLEGEL, TODD
9253 N.W. 100TH STREET
MEDLEY, FL 33178**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Jeff Flegel February 6, 2004 305-887-7571

Date

Daytime Phone #