

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000003699

1. Entity Name
IGLS, L.L.C.



Principal Place of Business
C/O JAMES (SKIP) MUFALLI
11050 SUMMERLIN SQUARE DR.
FORT MYERS BEACH, FL 33931

Mailing Address
C/O JAMES (SKIP) MUFALLI
11050 SUMMERLIN SQUARE DR.
FORT MYERS BEACH, FL 33931



02042005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0948692	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

MUFALLI, JAMES T
C/O CENTURY 21 SUN STATE REALTY
11050 SUMMERLIN SQUARE DRIVE
FORT MYER 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 _____

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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MUFALLI, JAMES T 11050 SUMMERLIN SQUARE DRIVE FORT MYERS BEACH, FL 33931
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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: _____

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

Date

Daytime Phone #

4/15/05