

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000064181

FILED
Apr 27, 2005
Secretary of State

Entity Name: I.L.S.-MINN, LLC

Current Principal Place of Business:

101 S. STATE ROAD 7, SUITE 201
HOLLYWOOD, FL 330236736

New Principal Place of Business:

Current Mailing Address:

101 S. STATE ROAD 7, SUITE 201
HOLLYWOOD, FL 330236736

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEN-SHMUEL, IZAC
101 S. STATE ROAD 7, SUITE 201
HOLLYWOOD, FL 330236736 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/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: BEN-SHMUEL, IZAC
Address: 101 S STATE ROAD 7, SUITE 201
City-St-Zip: HOLLYWOOD, FL 33023

Title: MGR () Change (X) Addition
Name: BEN-SHMUEL, LIOR
Address: 101 S STATE ROAD 7, SUITE 201
City-St-Zip: HOLLYWOOD, FL 33023

Title: MGR () Change (X) Addition
Name: BEN-SHMUEL, SHLOMI
Address: 101 S STATE ROAD 7, SUITE 201
City-St-Zip: HOLLYWOOD, FL 33023

I hereby certify that the information supplied with this filing does not qualify for the 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 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: IZAC BEN-SHMUEL

MGRM

04/27/2005

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