

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000081357

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: IPAC, LLC

**Current Principal Place of Business:**

16450 GULF BOULEVARD #661  
NORTH REDINGTON BEACH, FL 33708

**New Principal Place of Business:**

16450 GULF BOULEVARD  
661  
NORTH REDINGTON BEACH, FL 33708

**Current Mailing Address:**

16450 GULF BOULEVARD #661  
NORTH REDINGTON BEACH, FL 33708

**New Mailing Address:**

16450 GULF BOULEVARD  
661  
NORTH REDINGTON BEACH, FL 33708

FEI Number: 20-1859815

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DOWNES, PJ  
16450 GULF BOULEVARD #661  
NORTH REDINGTON BEACH, FL 33708 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:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: CABRAL, SUSY  
Address: 16450 GULF BOULEVARD  
City-St-Zip: NORTH REDDINGTON BEACH, FL 33708

Title: MGR ( ) Change (X) Addition  
Name: DOWNES, PATRICK J  
Address: 16450 GULF BOULEVARD  
City-St-Zip: NORTH REDDINGTON BEACH, FL 33708

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: SUSY M CABRAL

MGR

04/29/2005

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