


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 13, 2006 8:00 am
Secretary of State

07-13-2006 90081 040 ****50.00

DOCUMENT # L05000064577			
1. Entity Name DERNLAN I.R.A. LLC			
Principal Place of Business 2604 YARMOUTH DRIVE WELLINGTON, FL 33414		Mailing Address 2604 YARMOUTH DRIVE WELLINGTON, FL 33414	
2. Principal Place of Business 2604 YARMOUTH DRIVE		3. Mailing Address 2604 YARMOUTH DRIVE	
Suite, Apt. #, etc. 3		Suite, Apt. #, etc.	
City & State WELLINGTON, FL		City & State WELLINGTON, FL	
Zip 33414		Country USA	
Zip 33414		Country USA	
4. FEI Number 20-3084642		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 120 NAYS STREET TALLAHASSEE, FL 32304-2525		7. Name and Address of New Registered Agent Name: GARY DERNLAN Street Address (P.O. Box Number is Not Acceptable): 2604 YARMOUTH DRIVE City: WELLINGTON FL Zip Code: 33414	
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: GARY DERNLAN		DATE: 7/8/06	
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGR NAME: DERNLAN, GARY D. STREET ADDRESS: 2604 YARMOUTH DRIVE CITY-ST-ZIP: WELLINGTON, FL 33414	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: MGR NAME: DERNLAN, SUSAN K STREET ADDRESS: 2604 YARMOUTH DRIVE CITY-ST-ZIP: WELLINGTON, FL 33414	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: GARY DERNLAN		DATE: 7/8/06 561-791-7494	