


# 2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

<b>DOCUMENT # L06000096904</b> 1. Entity Name IRC MANAGEMENT, LLC	
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## FILED

2007 MAR 29 AM 10:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business 3838 TAMIAMI TRAIL NORTH SUITE 416 NAPLES, FL 34103	Mailing Address 3838 TAMIAMI TRAIL NORTH SUITE 416 NAPLES, FL 34103
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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03262007 Chg-LLC CR2E083 (12/06)

4. FEI Number NOT APPLICABLE	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  US INVESTOR SERVICES, INC. 3838 TAMIAMI TRAIL NORTH SUITE 416 NAPLES, FL 34103
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<b>7. Name and Address of New Registered Agent</b> Name <b>IRC Investor Services LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>3838 Tamiami Trail North, Suite 416</b> City <b>Naples</b> FL Zip Code <b>34103</b>
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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 *Rainer Filthaut* *Rainer Filthaut* *3/26/07*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Amended AR is \$50.00**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR <input type="checkbox"/> Delete
NAME	FILTHAUT, RAINER N
STREET ADDRESS	3838 TAMIAMI TRAIL NORTH SUITE 416
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	000095787740
CITY-ST-ZIP	04/04/07--01025--017 **50.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:** *Rainer Filthaut* *Rainer Filthaut* *3/26/07* *239-213-4000*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #