



**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000010964		
1. Entity Name IVY BUILDERS, LLC		
Principal Place of Business 10598 N.W. SOUTH RIVER DR. ATT: BILL MIRANDA MEDLEY, FL 33178 US	Mailing Address 10598 N.W. SOUTH RIVER DR. ATT: BILL MIRANDA MEDLEY, FL 33178 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DAMIAN, VINCENT E JR. 80 S.W. EIGHTH ST. SUITE 2550 MIAMI, FL 33130		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: _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2005		01172005No Chg-LLC CR2E083 (10/03) 4. FEI Number 45-0477166 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WILLIAM, MIRANDA 10598 N.W. SOUTH RIVER DR. MEDLEY, FL 33178	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BERMAN, IRVIN 500 MIZNER BLVD #505 BOCA RATON, FL 33432	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  WILLIAM MIRANDA MGR 305-725-7036 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #		



01172005No Chg-LLC

CR2E083 (10/03)

4. FEI Number

45-0477166

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

01/27/05-80077-024 50.00