


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 24 AM 9:53

DOCUMENT # L00000001242	
1. Entity Name IGUANA-FARM.COM, LLC.	

Principal Place of Business <del>745 U.S. HIGHWAY ONE</del> <del>SUITE 208</del> <del>NORTH PALM BEACH, FL 33408</del>	Mailing Address <del>745 U.S. HIGHWAY ONE</del> <del>SUITE 208</del> <del>NORTH PALM BEACH, FL 33408</del>
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2. Principal Place of Business 8880 SE Bridge Road Suite, Apt. #, etc.	3. Mailing Address 8880 SE Bridge Road Suite, Apt. #, etc.
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City & State Hobe Sound, FL	City & State Hobe Sound, FL
Zip 33455-5309	Zip 33455-5309
Country Martin	Country Martin



02232005 Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0941546	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent PEREIRA, JAIME E <del>745 U.S. HIGHWAY ONE, SUITE 208</del> <del>NORTH PALM BEACH, FL 33408</del>	8880 SE Bridge Road Hobe Sound, FL 33455-5309
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEREIRA, JAIME <del>745 U.S. HIGHWAY ONE, SUITE 208</del> <del>NORTH PALM BEACH, FL 33408</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8880 SE Bridge Road Hobe Sound, FL 33455-5309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300049555373 03/31/05--01004--010 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: 	JAIME PEREIRA	Date 3/21/05	Daytime Phone #
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