2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2009
Secretary of State

DOCUMENT# L00000008338

Entity Name: IRMS BUILDING, LLC

Current Principal Place of Business:

8950 FONTANA DEL SOL WAY
C/O IRMS - SUITE 200
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

8950 FONTANA DEL SOL WAY
C/O IRMS - SUITE 200
NAPLES, FL 34109 US

New Mailing Address:

FEI Number: 59-3704546 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHMELZLE, CHARLES D
8950 FONTANA DEL SOL WAY
SUITE 200
NAPLES, FL 34109 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/MANAGERS:

Title: MGR ( ) Delete
Name: SCHMELZLE, GEORGE C
Address: 8950 FONTANA DEL SOL WAY #200
City-St-Zip: NAPLES, FL 34105 US

Title: MGRM ( ) Delete
Name: SCHMELZLE, CHARLES D
Address: 8950 FONTANA DEL SOL WAY #200
City-St-Zip: NAPLES, FL 34109 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SCHMELZLE, GEORGE C
Address: 8950 FONTANA DEL SOL WAY #200
City-St-Zip: NAPLES, FL 34105 US

Title: MGR (X) Change ( ) Addition
Name: SCHMELZLE, CHARLES D
Address: 8950 FONTANA DEL SOL WAY #200
City-St-Zip: NAPLES, FL 34109 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CHARLES D. SCHMELZLE MGR 01/12/2009

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