

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 06, 2005 8:00 am
Secretary of State

06-06-2005 90559 047 ****50.00



DOCUMENT # L01000011613
 1. Entity Name
INTERNATIONAL REALTY PLUS +, LLC

Principal Place of Business: **2451 MCMULLEN BOOTH RD CLEARWATER FL 33759 US**
 Mailing Address: **3178 HYDE PARK DRIVE CLEARWATER FL 33761-1810 US**



2. Principal Place of Business: **670 2nd St. North**
 Suite, Apt. #, etc.: **Suite C**

3. Mailing Address
 Suite, Apt. #, etc.

1st MOORE CR2E083 (10/04)

City & State: **Safety Harbor, FL**

4. FEI Number: **59-3734556**
 Applied For: Not Applicable:

Zip: **34695** Country: **USA**

5. Certificate of Status Desired: **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
RODGERS, RUSSELL W
3178 HYDE PARK DRIVE
CLEARWATER FL 33761-1810

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

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: _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE: P	<input type="checkbox"/> Delete
NAME: RODGERS, RUSSELL W	
STREET ADDRESS: 3178 HYDE PARK DR	
CITY-ST-ZIP: CLEARWATER FL 33761	
TITLE: D	<input type="checkbox"/> Delete
NAME: COCHRAN, DANIEL	
STREET ADDRESS: 2451 MCMULLEN BOOTH RD.	
CITY-ST-ZIP: CLEARWATER FL 33759	
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 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:	
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 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Russell W Rodgers* 5/23/2005 (127) 669-1600
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #