


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90263 046 \*\*\*138.75

<b>DOCUMENT # L01000011613</b>	
1. Entity Name INTERNATIONAL REALTY PLUS +, LLC	

Principal Place of Business <del>670 2ND ST. NORTH</del> SUITE C SAFETY HARBOR, FL 34605 US	Mailing Address 3178 HYDE PARK DRIVE CLEARWATER, FL 33761-1810 US
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60018079

2. Principal Place of Business, No P.O. Box 84 ST McMillen Bldg	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State CLEARWATER, FL	City & State	4. FEI Number 59-3734556	Applied For Not Applicable
Zip 33759	Country USA	Zip	Country

03172008 Chg-LLC CR2E083 (12/06)

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	
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODGERS, RUSSELL W 3178 HYDE PARK DR CLEARWATER, FL 33761 <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
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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 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:** Russell W Rodgers **3/15/2008** **727-669-1600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #