


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 21, 2005 8:00 am**  
**Secretary of State**

06-21-2005 90135 008 \*\*\*\*55.00

<b>DOCUMENT # L01000012254</b> 1. Entity Name <b>IBD PROPERTIES, LLC</b>					
Principal Place of Business <b>12051 SW 165 TERRACE CEDAR KEY, FL 32625</b>			Mailing Address <b>P.O. BOX 537 CEDAR KEY, FL 32625</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3733696</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>WATSON, TODD 7785 BAYMEADOWS WAY SUITE 107 JACKSONVILLE, FL 32256</b>				Name <b>MELISSA JAY MURPHY</b> Street Address (P.O. Box Number is Not Acceptable) <b>3940 NW 16th Blvd, Bldg. B</b> City <b>GAINESVILLE</b> <b>FL</b> Zip Code <b>32605</b>	
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 <i>Melissa Jay Murphy</i> <b>52405</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR DAVIS, IDA BELLE 12051 SW 165 TERRACE CEDAR KEY, FL 32625</b>	<input checked="" 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	<b>MGR DAVIS, MIKE P.O. BOX 502 CEDAR KEY, FL 32625</b>	<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	<b>MGR ALLEN, LANDA P.O. BOX 502 CEDAR KEY, FL 32625</b>	<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	<b>MGR FRANCES ENGLISH 32480 SIX MILE ROAD LIVONIA, MI 48152</b>	<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.					
<b>SIGNATURE: <i>Landa Allen</i> (LANDA ALLEN)</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>6-17-05 (352) 543 5677</b> <small>Date Daytime Phone #</small>		