2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000020506

1. Entity Name IAM, LLC



FILED
Apr 02, 2004 08:00 AM
Secretary of State

Principal Place of Business

8374 MARKET STREET, #460 BRADENTON, FL 34202-5137 Mailing Address

8374 MARKET STREET, #460 BRADENTON, FL 34202-5137



03302004 No Chg-LLC

CR2E083 (10/03)

4. FE! Number Applied For 26-0010341 Not Applicable

5. Certificate of Status Desired Fee Required Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ADAMS, REBECCA L 22276 PANTHER LOOP BRADENTON, FL 34202

SIGNATURE:

DO NOT WRITE IN THIS SPACE

3/30/04

941-322-0280

Daytima Phone #

 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_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE, Registered Agont signature required when reinstating)	QATE
Filing Fee is \$50.00 Due by Way 1, 2004			U00000102045 -04/02/04-90038-007-50-00
9.	MANAGING MEMBERS/MANAGERS		- Cata Data Data Cala Salati
TITLE RAME STREET ADDRESS CITY-ST-JIP	MGR ADAMS, KENT 8374 MARKET STREET #460 BRADENTON, FL 342025137		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby of indicated limited liab	certify that the information supplied with this filing does not on on this report is true and accurate and that my signature she billity company or the receiver or trustee empowered to exec	ualify for the exemption stated in Section 119.07(3), all have the same logal effect as if made under oath ute this report as required by Chapter 608, Florida i	 Florida Statutes, I further certify that the information that I am a managing member or manager of the Statutes.

Kent Adams, Mor.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE