2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000005084

1. Entity Name IBIS, LLC

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

Principal Place of Business

225 N.E. MIZNER BLVD., SUITE 300 BOCA RATON, FL 33432

Mailing Address

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

225 N.E. MIZNER BLVD., SUITE 300 BOCA RATON, FL 33432



03292004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 05-0525567 Appli-d For Not Applicable

5. Certificate of Status Desired

3/29/04

561237-2850

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BOGDANOFF, ROBERT J 225 NE MIZNER BLVD., SUITE 300 BOCA RATON, FL 33432

SIGNATURE:

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8. The above named entity submits this statement for the purpose of changing is 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	(NCTE Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2004			
9.	MANAGING MEMBERS/MANAGERS		
THE NAME STREET ADDRESS CHY STATE	MGRM OESTERLUND, ROBERT S 225 NE MIZNER BLVD., SUITE 300 BOCA RATON, FL 33432		V90000181910 04/02/04~80032-013 50.00
TITLE NAME STREET ADDRESS CITY: ST: ZIP			
TITLE NAME STREET ADDRESS CITY ST-ZIP		DO	NOT WRITE
NAME STREET ADDRESS CITY ST ZIP		IN -	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST ZIP			
TITLE NAME STREET ADDRESS CHY ST-ZIP			
11. Thereby 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 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 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			