


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000007426</b> 1. Entity Name IPC, LLC	
--	---

Principal Place of Business 2655 LEJEUNE ROAD PENTHOUSE II CORAL GABLES, FL 33134	Mailing Address 2655 LEJEUNE ROAD PENTHOUSE II CORAL GABLES, FL 33134
--	--



01072005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 02-0685359	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
--	-----------------------------------

**6. Name and Address of Current Registered Agent**

JOHN O. SUTTON, P.A.  
2655 LEJEUNE ROAD  
PENTHOUSE II  
CORAL GABLES, FL 33134

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEARSALL, PHILIP D 1600 MORGANTON RD PINEHURSTLL, NC 28374
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

U000000315448  
04/19/05-80035-010 55.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** \_\_\_\_\_

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

Date

Daytime Phone #

*Philip Pearsall* 4/15/05 968-719-4611