2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

3/1

FILED Apr 17, 2003 8:00 am Secretary of State

Ur	HIPUR	IM BUSINES	33 NEPUN	10	DN			Sec	гетагу	y OI k	Siaie	;
DOCUMENT # L02000007426 1. Entity Name IPC, LLC									8-2003 9013			
Principal Place of Business 2655 LEJEUNE ROAD PENTHOUSE II CORAL GABLES FL 33134			Mailing Address 2655 LEJEUNE ROAD PENTHOUSE II CORAL GABLES FL 33134			A JERNARIA RAJ RRAJA RRAJA RRAJA RRAJA RRAJA RRAJA RRAJA KRAJA KRAJA KRAJA KANDA KANDA RAJA JERNA						
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State			City & State				4. FEI Number For 4/1/03 Applied For Not Applicable					
Zip Country			Zip	itry		5. Certificate of Status Desired S5.00 Additional Fee Required					1	
	6. Name	and Address of Current Re	gistered Agent		T		.7. Name ar	nd Address of N	lew Registered	Agent		1.
	N A CUTT				-Name -]
2655	N O. SUTT			Street A	Street Address (P.O. Box Number is Not Acceptable)							
	ITHOUSE II RAL GABLE:	S FI 33134									}	
-				City		FL Zip Code				e	1	
8. The above	named entity	submits this statement for th	ne purpose of changing its	registere	ed office or	registere	ed agent, or b	oth, in the State	of Florida. I am	familiar with,	and accept	1
the obligati	ions of registi	ered agent.	, ,	•		•						
SIGNATURE	Signature, typed	or printed name of registered agent and	tide if applicable. (NOTE	Registere	d Agent signetu	ure required	when reinstating)		DATE			
			FILE NO) !!! WC	FEE IS \$	50.00						
			Make Check Payabl	orida Dep ay 1, 2003		nt of State						
9. MANAGING MEMBE			/MANAGERS	-			ADDITI	ADDITIONS/CHANGES				
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NAME		PEARSALL, PHILIP D		NAM								밀
STREET ADDRESS	100 ROBINS ST. APT. 102			ET ADDRESS -ST-ZIP							8	
CITY-ST-ZIP	CHAPEL HILL NC 27515									Change	Addition	CR2E083 (10/02)
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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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: CEGNICIUM CASCILIAED
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS

CITY-ST-ZIP

41,5/03

919-918 4611