


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L02000009281			
1. Entity Name: IPA DEVELOPMENT, LLC			
Principal Place of Business 932 CENTRE CIRCLE, SUITE 1100 ALTAMONTE SPRINGS FL 32714		Mailing Address 932 CENTRE CIRCLE, SUITE 1100 ALTAMONTE SPRINGS FL 32714	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
01-29-2004 9:01 AM (0) *****50.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



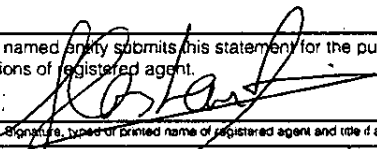
MOORE CR2E083 (11/03)

4. FEI Number **04-3649419** Applier
Not Ap

5. Certificate of Status Desired **\$5.00 Addition
Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MILLER, SOUTJ & MILHAUSEN, P.A. C/O J. TODD SOUTH, ESQ. 2699 LEE ROAD, SUITE 120 WINTER PARK FL 32789		Name HASHEM ALSALAH	
		Street Address (P.O. Box Number is Not Acceptable) 111 WISTERIA DR	
		City LONGWOOD	FL Zip Code 327

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 the obligations of registered agent.

SIGNATURE  **HASHEM ALSALAH** 3/17/2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALSALAH, HASHAM 111 WISTERIA DRIVE LONGWOOD FL 32779 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALSALAH, BASIM SAID 111 WISTERIA DRIVE LONGWOOD FL 32779 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALSALAH, HUDA 1167 NIKULINA COURT SAN JOSE CA 35120 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
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"/>
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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"/>

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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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **HASHEM ALSALAH** 1/21/04 (407)788-2
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #