

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 26, 2007 08:00 AM
Secretary of State



DOCUMENT # L02000009281

1. Entity Name
IPA DEVELOPMENT, LLC

Principal Place of Business Mailing Address
932 CENTRE CIRCLE, SUITE 1100 **932 CENTRE CIRCLE, SUITE 1100**
ALTAMONTE SPRINGS FL 32714 **ALTAMONTE SPRINGS FL 32714**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt #, etc. Suite, Apt #, etc.

1st MOORE CR2E083 (10/06)

City & State City & State 4. FEI Number Applied For
Zip **Country** **Zip** **Country** **04-3649419** **\$5.00** Additional Fee Required

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALSALAH, HASHEM 111 WISTERIA DR LONGWOOD FL 32779	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR	TITLE	000000604930 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALSALAH, HASHAM	NAME	01/30/07-80014-012 50.00
STREET ADDRESS	111 WISTERIA DRIVE	STREET ADDRESS	
CITY-STATE-ZIP	LONGWOOD FL 32779	CITY-STATE-ZIP	
TITLE	MGR	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALSALAH, BASIM SAID	NAME	
STREET ADDRESS	111 WISTERIA DRIVE	STREET ADDRESS	
CITY-STATE-ZIP	LONGWOOD FL 32779	CITY-STATE-ZIP	
TITLE	MGR	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALSALAH, HUDA	NAME	
STREET ADDRESS	1167 NIKULINA COURT	STREET ADDRESS	
CITY-STATE-ZIP	SAN JOSE CA 35120	CITY-STATE-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	PAID
STREET ADDRESS		STREET ADDRESS	JAN 22 2007
CITY-STATE-ZIP		CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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]* **HASHEM ALSALAH** 1/22/07 407 788 2953
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #